



NORTHUMBERLAND COUNTY COUNCIL

ANNUAL REPORT

OF

**THE COUNTY
MEDICAL OFFICER
OF HEALTH**

FOR THE YEAR

1971



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**THE COUNTY
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OF HEALTH**

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HEALTH COMMITTEE, 1971

Chairman :

Councillor Mrs. B. N. LYNDON SKEGGS, J.P.

Vice-Chairman :

Councillor A. R. JOHNSTON

Aldermen :

ALLAN, Mrs. M.

RICHARDSON, Mrs. J.

BRIGGS, A., O.B.E.

SHARP, Mrs. J.

GARROW, Sir NICHOLAS, O.B.E.

Councillors :

BAGLEE, J. H.

HUDSON, Mrs. A.

BOND, Mrs. S. G.

McFAYDEN, J. A.

CHAPMAN, S.

MAY, J.

COWEY, Mrs. S.

MOORE, J. S.

D'AMBRUMENIL, C. H.

MURRAY, F. J.

DIXON, N. J.

PATTERSON, J. W., M.B.E.

DODDS, Miss E.

RAWES, R. W.

FAITH, Mrs. S.

SMITH, Mrs. M.

FAWCETT, J.

TAIT, J.

GIBSON, G. W.

TATE, Mrs. J.

WRANGHAM, Mrs. A. E. H.

Co-opted Members :

BIRKETT, J.

SIMPSON BRASS, Dr. A. McK.

HARDY, Mrs. W.

SLACK, W. RENTON B.

PAULIN, Mrs. J. S. C.

Ex-officio Members :

Alderman The Right Hon. VISCOUNT RIDLEY, T.D., D.L.
(Chairman of the Council)

Alderman Mrs. J. G. M. HEPPELL (Vice Chairman of the Council)

Alderman S. T. PICKUP (Chairman of the Finance Committee)

Standing Sub-committees :

Finance and General Purposes

Personal Health Services

STAFF OF THE HEALTH DEPARTMENT

County Medical Officer and Principal School Medical Officer	.. ..	J. B. Tilley, O.B.E., M.D., B.S., B.Hy., D.P.H.
Deputy County Medical Officer	.. ..	W. Minns, M.B.E., T.D., M.B., B.S., B.Hy., D.P.H.
Senior Medical Officer†	.. ..	G. M. Cubie, M.B., Ch.B., D.P.H.
Senior Assistant Medical Officer for Child Health	.. ..	Blanche Sykes, M.R.C.S., L.R.C.P., D.P.H.
Senior School Medical Officer	.. ..	Sybil A. B. Ward, M.B., B.S., D.P.H.
Senior Assistant School Medical Officer	.. ..	Marion Harrison, M.B., B.S., D.P.H.
Area Executive Medical Officers—		
North 1 and 2 Areas	.. ..	I. G. P. Fraser, M.B., Ch.B., D.P.H.
Central Area	.. ..	Kathleen Dick, M.B., B.S., B.Hy., D.P.H. (Retired 31/8/71).
East Area	.. ..	A. Donaldson, M.B., Ch.B., D.P.H.
South Area	.. ..	H. C. T. Smith, M.B., Ch.B., D.P.H., D.P.A.
South East Area	.. ..	G. M. Cubie, M.B., Ch.B., D.P.H.
Wallsend Area	.. ..	J. E. J. Hurman, M.B., B.S., D.P.H., D.T.M. & H.
West Area	.. ..	J. M. McEwan, M.B., Ch.B., D.P.H.
Administrative Assistant	.. ..	S. Winship
Departmental Medical Officers	.. ..	Anne Carruthers, M.B., B.S., D.P.H.
	.. ..	Mary J. Danskin, M.B., B.S., D.R.C.O.G., D.P.H.
	.. ..	†Nest David, M.B., B.Ch., D.R.C.O.G., B.Sc.
	.. ..	F. W. Fordyce, M.B., B.S.
	.. ..	†Valerie Hawley, M.B., B.S. (Commenced 23/9/71)
	.. ..	Janet C. Hirst, M.B., Ch.B. (Resigned 30/6/71)
	.. ..	†Shirley Jackson, M.D.
	.. ..	Margaret Jordon, M.B., B.S.
	.. ..	J. F. Mather, B.Sc., M.B., B.S., D.P.H.
	.. ..	Margaret H. McKeith, M.B., B.S., D.P.H.
	.. ..	†Beatrice M. Noble, M.B., B.S.,
	.. ..	†Frances A. Potter, B.Sc., M.B., Ch.B., D.C.H.
	.. ..	R. B. Smith, M.B., Ch.B.
	.. ..	Jean Stevenson, M.B., B.S.
Chest Physicians†	.. ..	J. M. Gilmore, M.D., D.P.H.
	.. ..	J. R. Lauckner, M.B., Ch.B., M.R.C.P., F.R.F.P.S.
	.. ..	P. O. Leggat, M.D., M.R.C.P.
	.. ..	A. R. Somner, M.D., F.R.C.P.E.
	.. ..	E. A. Spriggs, D.M., F.R.C.P.
Principal School Dental Officer	.. ..	C. Verity, M.D., D.P.H.
	.. ..	A. E. Robinson, F.D.S.R.C.S., (Retired 31/10/71)
	.. ..	C. L. Carmichael, B.D.S., D.P.D., D.D.P.H., R.C.S. (Commenced 1/11/71).

Staff of the Health Department—*continued.*

Deputy Principal School Dental Officer	T. A. Ireland, L.D.S.
Orthodontist	G. W. Pettigrew, L.D.S., D.D.O.
Area School Dental Officers	
North Area	S. J. Smithson, L.D.S.
South Area	G. C. J. Long, B.D.S.
East Area	C. L. Carmichael, B.D.S., D.P.D., D.D.P.H., R.C.S. (Resigned 31/10/71) E. G. Stuart (Commenced 1/12/71)
West Area	Heler C. Gent, B.D.S.
Senior School Dental Officers	R. S. Ferrell, L.D.S. Patricia Nicholson, L.D.S. W. Robson, L.D.S. E. G. Stuart, B.D.S. (Resigned 30/11/71) R. W. Whittingham, B.D.S.
School Dental Officers	I. W. Atchison, B.D.S. P. R. A. Bennett, B.D.S. G. W. R. Bryant, L.D.S. H. J. Coombes, L.D.S. C. I. Cousins, B.D.S. Sheila M. Crute, B.D.S. Wilma S. Drury, L.D.S. †Shirley J. Haggie, B.D.S. (Commenced 1/2/71) J. F. Horseman, L.D.S. †Krystyna Lamb, B.D.S. (Resigned 30/1/71) J. W. K. Lumley, L.D.S. T. M. Mahadervan, L.D.S. Margaret I. Matthews, B.D.S. C. A. Nutt, L.D.S. W. M. Rouse, B.D.S. (Commenced 1/9/71) I. Stonehouse, L.D.S., B.D.S. Olive I. Wears, B.D.S. Shirley E. Williams, L.D.S. (Resigned 31/5/71) (Commenced Part-time 7/6/71)
Dental Auxiliary :	Anne M. Walker (Nee Southern)
Anaesthetists Consultants	W. Bilsland, L.R.C.S., L.R.F.P.S., D.A., F.F.A.R.C.S. Guenda N. Elliott, M.B.B.S., D.A. J. B. Gibson, M.B., Ch.B., F.F.A.R.C.S., D.A. J. Hamilton, B.Sc., M.B. Ch.B., F.F.A.R.C.S., D.A. I. Macphail, M.B.Ch.B., F.F.A.R.C.S., D.A. C. E. Shafto, V.R.D., M.B.B.S., M.R.C.S., L.R.C.P., F.F.A.R.C.S., D.A.

Staff of the Health Department—*continued.*

General Practitioners	..	..	..	J. K. Adamson, M.B.B.S., M.R.C.S., L.R.C.P. G. A. C. Binnie, L.R.C.P., L.R.C.S., L.R.F.P.S., D. Obst. RCOG. R. H. Dewar, O.B.E., F.R.C.S., L.R.C.P., L.R.C.S., L.R.F.P.S., L.D.S.R.C.S. S. H. Lishman, M.B.B.S. J. D. McDonald, M.B.Ch.B. J. H. Mitchell, M.B.Ch.B. R. P. Robertson, M.B.Ch.B., D.Obst. RCOG. R. Scott, M.B.B.S. C. G. Sim, M.A., M.B.B.S. G. F. G. Woodman, M.B.B.S.
Dental Surgery Assistants	..	..	27	
Dental Laboratory Staff	..	..		1 Chief Technician 2 Senior Technicians 1 Technician 1 Apprentice Technician
County Nursing Officer	..	..		Yvette Esme Buckoke, S.R.N., S.C.M., H.V. Cert., Nursing Admin. (Public Health) Cert.
Principal Nursing Officer	..	..		Hilary M. Goodworth, S.R.N., S.C.M., H.V. Cert., (Commenced 1st October, 1971).
Area Nursing Officers	..	..	..	Noel Cowley, S.R.N., C.M.B. (Part 1), H.V. Cert. Sheila N. Lockey, S.R.N., S.C.M., H.V. Cert., Nursing Admin. Cert., (Edin- burgh University) (Resigned 31st July, 1971). Gladys Saint, S.R.N., S.C.N., H.V. Cert. Ruth Beck, S.R.N., C.M.B. (Part 1), H.V. Cert., D.N. (London University). Elvera M. Brown, S.R.N., S.C.M., H.V. Cert., N.D.N. (Commenced 1st Sep- tember, 1971).
Health Visitors	..	..	..	105
Midwives	..	..	..	12
District Nurse/Midwives	..	..	..	39
District Nurses	..	..	..	83
Total Community Nursing Staff				<hr/> 239 <hr/>
County Health Inspector	..	..	..	D. Lister, Cert. S.I.B., F.R.S.H., F.A.P.H.I.
Ambulance Officer	..	..	..	H. Wade, F.I.A.O.
Deputy Ambulance Officer	..	..	..	R. Percy, G.I.A.O.
Station Officers	..	..	..	12
Control Staff	..	..	..	8
Hospital Transport Officer	..	..	..	1
Ambulance Drivers	..	..	..	142
Motor Mechanics	..	..	..	6
Chief Chiropodist	..	..	..	J. Flynn, M.Ch.S., S.R.Ch.

Staff of the Health Department—*continued*.

Chiropodists S. H. Brown, S.R.Ch.
 Laura T. Clarke, L.Ch., S.R.Ch.
 R. W. Davison, M.Ch.S., S.R.Ch.
 R. J. Falkous, M.Ch.S., S.R.Ch.
 Carl Grant, M.Ch.S., S.R.Ch.
 (Commenced 2/8/71)
 J. J. Laws, M.Ch. S., S.R.Ch.
 (Commenced 2/8/71)
 Veronica M. McCarthy, M.Ch.S., S.R.Ch.
 (Resigned 1/4/71)
 Sandra McNaughton, M.Ch.S., S.R.Ch.
†Sheila Redfearn, M.Ch.S., S.R.Ch.
 (Commenced 25/5/71)
†Barbara A. Vernon, M.Ch.S., S.R.Ch.
 Susan G. Watson, L.Ch., S.R.Ch.
 Judith M. Wilson, M.Ch.S., S.R.Ch.
 (Commenced 8/11/71).

† *Part Time*

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TO THE CHAIRMAN AND MEMBERS OF THE
NORTHUMBERLAND COUNTY COUNCIL

This report follows the pattern of the report for 1970 and is the 79th Annual Report on the health of the county. Many of the improvements in the figures which help to indicate the health of the community and the standard of provision of medical and nursing care that are available have called for comment on several occasions in recent years, yet the fact that tribute has been paid previously to the success achieved by the co-ordinated efforts of the family doctors, hospitals and community nursing staff in the field of obstetrics and the health of the infant in no way detracts from the credit which must be given to these efforts for the reduction of infantile mortality to just over 13 for every 1,000 live births in the county which was achieved in 1971. Only a few years ago such a level would hardly have seemed possible.

This improvement in the health of the community is mirrored by the other indices which are commonly used with almost the sole exception of the slowly increasing death rate from cancer. The greatest part of this increase is due to cancer of the lung and no opportunity should be lost to emphasise that the elimination of cigarette smoking is the only preventive measure known to us in this field.

This increase in cancer is in contrast to the experience in tuberculosis which is no longer the national scourge that it was in the past. There were fewer new cases of the disease notified in the county than ever before : the benefits of our success in dealing with tuberculosis are shown not only in the saving of human lives but in the releasing of medical and nursing skills for other illnesses as the disease declines and sanatorium beds are closed.

The figures in the section of the report dealing with the community nursing services leave no doubt as to the value of the close association of health visitors and district nurses with family doctors in attachment schemes. The number of new patients visited by the district nurses has increased by 66% in five years and the number of patients treated in doctors surgeries and in health centres increased ninefold in the same period. The extension of this system of collaboration was continued and 180 of the community nursing staff worked in such schemes by the end of the year.

The family planning service has increased dramatically in the past 5 years and it was extended still further during the year

by the opening of five new clinics. Plans were being developed for the provision of a domiciliary service in part of the county, and the Council's long term objectives plan allows for the opening of several more clinics.

Close collaboration between the doctors and nurses working in the three branches of the National Health Service is of the greatest importance and, for convenience, the fields of collaboration in which the Health Department is concerned are listed in the report. It will be seen that not only has a high level of attachment of community nursing staff to family doctors been achieved, but we have hospital doctors working in county premises and county doctors working in hospital premises, family doctors working in county premises and county staff working in family doctors premises. The most recent extension of this co-ordination of the services has been the arrangement for the maternity unit at Ashington Hospital to undertake some of the domiciliary midwifery work with doctors in Bedlington. A number of medical students and a larger number of student nurses received some training by the Department's staff during the year and we are grateful to Hexham Hospital for its course for our district nurses. This evidence of co-operation augers well for what may be achieved in the future by the unification of the service.


The World Health Organisation has had such a measure of success in its efforts to achieve world wide control of smallpox that it is no longer considered necessary or advisable to undertake routine vaccination of infants in this country and this practice ceased in the county during the year. Free smallpox vaccination has been available since 1840, and is the oldest of our methods of protection against disease. That it need no longer be regarded as a routine necessity shows the improvements that have taken place. The virtual conquest of the other infectious diseases has brought untold benefit to the nation, and the county has not lagged behind in its efforts in this field. Success has been achieved only by careful, continuing organisation undertaken largely by the local health authorities, and this organisation must be maintained in some form by the health authorities of the future.

Dental treatment for pre-school children and expectant and nursing mothers has been carried out in conjunction with the school dental service for many years. The undoubted success in this field owes much to Mr. A. E. Robinson who was Principal School Dental Officer for over 30 years and who retired during the year. Mr. Robinson built up an excellent dental service and high tribute must be paid to him for his work for the county.

I am indebted to the staff of the Department for their efforts in each of the fields of work in which they are involved, and for their continued loyal support. I would again express my thanks to Dr. Minns, especially for the progress that has been made with health centres under his guidance. I have appreciated the interest of the members of the Health Committee in the work of the Department and the members of the staff, and I am most grateful to the Chairman for her unfailing help and support.

I am,

Your obedient Servant,

A handwritten signature in dark ink, appearing to read 'John B. Green'. The signature is written in a cursive style with a prominent underline.

County Medical Officer of Health.

ARDEN HOUSE,
REGENT CENTRE,
GOSFORTH,
NEWCASTLE UPON TYNE, NE3 3JF.
Telephone : 859011.

REPORT OF THE COUNTY MEDICAL OFFICER OF HEALTH FOR THE YEAR 1971

VITAL STATISTICS

Population	..	..	..	..	..	..	505,720
Live Births—							
Number	..	..	..	..	..	..	7,528
Rate per 1,000 population	..	..	..	..	..	..	14.9
Illegitimate Live Births (per cent of total live births)	..	..					6.0
Still Births—							
Number	..	..	..	..	..	..	85
Rate per thousand total live and still births	..	..	..	..	..	..	11.2
Total live and still births	..	..	..	..	..	..	7,613
Infant Deaths (under one year)	..	..	..	..	..	..	102
Infant mortality rates—							
Total infant deaths per 1,000 live births	..	..	..	..	..	..	13.6
Legitimate infant deaths per 1,000 legitimate live births	..	..					12.6
Illegitimate infant deaths per 1,000 illegitimate live births	..	..					28.9
Neo-natal mortality rate (deaths under 4 weeks per 1,000 total live births)	..	..	..	..	..	..	9.6
Early neo-natal mortality rate (deaths under one week per 1,000 total live births)	..	..	..	..	..	..	8.1
Perinatal mortality rate (still births and deaths under one week per 1,000 total live and still births)	..	..	..	..	..	..	19.2
Maternal Mortality (including abortion)—							
Number of deaths	..	..	..	..	..	..	—
Rate per 1,000 total live and still births	..	..	..	..	..	..	—

Population

The Registrar General's estimate of the population of the county was nearly 7,000 less than the estimate for 1970. The estimate was related to the figures obtained in the census and reflects an over estimate for earlier years rather than a loss of 7,000 persons in one year.

Birth Rate

The slight rise in the birth rate which was noted in 1970 after a number of years of a progressive fall was maintained in 1971 and the rate reached the highest level since 1966. The evidence at the time of the publication of this report suggests that the rise in the birth rate has not been continued into 1972.

Infant Mortality

The death rate in infants under one year, which had never previously been lower than 15.61, was reduced to 13.6 for every 1,000 live births. This is a fine indication of the value of the obstetric and paediatric services that are available in the county today, for 20 years ago the rate was nearly three times what it is today. Once again the county rate was better than that for England and Wales.

PRINCIPAL CAUSES OF MORTALITY

The total number of deaths from all causes was 6,257. The chief causes are shown in the following table :—

	NUMBER OF DEATHS		
	1971	1970	1969
Heart Disease :—			
Ischaemic Heart Disease ..	1,826	1,756	1,702
Hypertensive Disease ..	66	83	98
Others	315	346	360
	— 2,207	— 2,191	— 2,160
Malignant Neoplasm :—			
Buccal Cavity etc. ..	15	28	22
Oesophagus	24	34	37
Stomach	167	138	154
Intestine	161	178	191
Larynx	8	8	2
Lung, Bronchus ..	357	284	316
Breast	109	96	87
Uterus	47	45	40
Prostate	35	48	36
Others	295	323	307
	— 1,218	— 1,182	— 1,192
Vascular Lesions of Nervous System	960	1,024	998
Bronchitis	295	354	371
Pneumonia	417	391	366
Motor Vehicle and other Accidents	205	219	220
Other Diseases of Circulatory System	269	261	239
	5,571	5,622	5,546

There were no unexpected changes in the main causes of mortality, and diseases of the circulatory system together with cancer were responsible for most of the deaths. This situation is related to the present age structure of the population.

Though not unexpected the continued increase in deaths from lung cancer remains a matter of concern. In 1951 there were fewer than 100 deaths from this cause, yet this year there were more than 350 : the only preventive measure known to us is the elimination of cigarette smoking and this needs to be urged ever more strongly.

INFECTIOUS DISEASES

There has been no change in the diseases which are notifiable by general practitioners.

There was no epidemic of any importance and the notifications of measles was again quite low — totalling only 473 cases.

The other diseases in the list of notifications were dysentery, scarlet fever, whooping cough, infective jaundice, food poisoning and tuberculosis.

ROAD SAFETY

Mr. C. H. Cooksley, Chief Constable of the Northumberland Constabulary has kindly forwarded me his Annual Report on road accidents and the following figures have been extracted for the administrative county.

The number of people killed on county roads was 67 compared with 77 last year. Seven children died and this, like last year, was the smallest number of child fatalities since 1950.

The number of accidents similarly decreased from 1,905 to 1,682 and one must presume that this was due, in some measure, to the completion of the spine road as far as Bebside and the opening of the by-passes at Wideopen, Morpeth and Alnwick. The villages and towns so by-passed have shown considerably quieter conditions.

Last year, I mentioned that the A1 road between Gosforth and Morpeth produced the greatest number of accidents for such a short distance and, this year, it is pleasing to report that the accidents were reduced from 97 to 51, persons injured from 173 to 76 and fatalities from 11 to 3.

A new road between the county boundary and the Wideopen by-pass is planned to by-pass Gosforth and it is hoped that its completion will not be too long delayed so that High Street, Gosforth, will become much quieter and also will be less likely to cause pedestrian accidents.

NATIONAL HEALTH SERVICE ACTS

Co-operation with hospital and family doctor services

The report refers in several sections to the co-operation between the Council's services and the hospital and general practitioner services, but it is perhaps useful to bring together all the facts upon which the references are based. The following list sets out the main areas of co-operation between the services :—

- 6 health centres are in operation (2 in temporary premises).
- 12 family doctors have their surgeries in county-owned clinics.
- 137 family doctors see their ante-natal patients in county clinics assisted by the department's midwives and health visitors.
- 16 health visitors and 17 midwives attend ante-natal clinics in practitioners' premises.
- 13 health visitors attend child health sessions in practitioners' premises. (In five instances a fee is paid by the County Council to the general practitioner for the use of his premises)
- 58 family doctors attend county child health clinics, 12 of which are held in general practice premises.
- 67 family doctors carry out cervical smears in county clinics.
- 89 health visitors and 91 district nurses are participating in schemes involving 85 general practices.
- 5 consultant orthopaedic surgeons conduct clinics for children in 6 county premises.
- 6 consultant ophthalmologists conduct eye sessions in 28 county clinics.
- 2 county IUCD clinics are held in hospital premises.

In addition hospitals have direct contact with district nurses, health visitors and midwives and the mental welfare officers have regular consultation and instruction sessions in the psychiatric hospitals.

HEALTH CENTRES

In the report for last year, the opening of the first four health centres was described. The Committee's Three Year Building Programme which planned eight new buildings was given in detail. Progress during the year has been continuous and satisfactory and while only two centres were opened, in July and December, four others were under construction and it is hoped these will be completed during 1972.

At Newbiggin by the Sea, a request from the Executive Council for health centre facilities for four family doctors had been received and the building on a site allocated by the District Council, in the centre of the town, was completed in December. A complete local health authority child health service, together with general practitioner services are now available for the town, from a modern, well designed building. The clinic at Amble, which is centrally placed in an old stone built house was also converted to provide surgery facilities for two family doctors as well as local health authority child health and dental services. The conversion proved difficult owing to the age of the house but the doctors have agreed that this was well worth while.

The temporary health centres at Cramlington and Killingworth have continued in use and as the population in each new town increases, so is the completion of the permanent health centres becoming more urgent. It is hoped that Cramlington will be completed in 1972 and Killingworth in 1973.

At the same time as this work is being carried out, the staff of the department and the Architect's Department have been working on the conversion of the clinics at Shiremoor and Whitley Bay to provide full health centre facilities there.

At the small clinics at Seaton Sluice and Brunton Park, minor alterations were made so that in each case one family doctor was able to open a surgery for the increasing population in the areas.

During the year, progress was made with the planning and design of health centres at Pegswood and Denton Park and discussions were being held for the conversion of the clinic at Morpeth.

It is clear that the family doctors' interest in health centres is increasing rapidly, and in addition, the Health Committee were asked to provide private dental facilities at the Cramlington Health Centre.

CHILD HEALTH SERVICE

Notification and Registration of Births

There were 7,466 births notified by hospitals, nursing homes and midwives, and only 147 of these babies were born at home. Thus 98.1 of Northumberland babies are born in hospital or nursing home. The extension of the maternity units in Ashington and Newcastle have materially assisted with the situation and the excellent effects of this policy can be seen in the figures which follow.

All of the infant mortality rates were reduced to record new low levels and for the fifth year each of them was below the national figure. The still birth rate also reached the lowest recorded level for the county. All of these figures reflect the high standard of obstetric and infant care which is achieved by the close collaboration of the family doctors, the hospitals and the community nursing service.

The total of live and still births registered increased from 7,259 to 7,613. The number of live births was 7,528 and the county birth rate increased to 14.9 per 1,000 population. This was the highest rate since 1966.

The adjusted birth rate for the county was 15.0 which was lower than the figure of 16.0 recorded for England and Wales.

Still Births

There were 85 still births compared with 93 in 1970 and the rate was reduced to 11.2 per 1,000 registered births. 56 of the still births were premature.

Premature Births

7.4% of all births were premature. Of the 510 premature live births, 45 died in the first four weeks of life.

The following figures are of interest :—

	1969	1970	1971
Premature births per cent of total births	7.0	8.0	7.4
Premature births per cent of total live births	6.3	8.1	7.5
Premature neo-natal deaths per cent of total neo-natal deaths . .	54.8	61.5	62.5
Premature still births per cent of total still births	66.3	67.7	65.9
Premature babies survived 4 weeks per cent of total premature live births	89.8	90.8	91.2

Illegitimate Births

The illegitimate birth rate has increased slowly in recent years and there was an increase in the numbers of illegitimate live births during the year, the total of 450 representing 5.9% of all live births compared with 5.8% in the previous year.

Neo-Natal Deaths

The number of babies who died before reaching the age of one month was 72, which was six less than in the previous year. The neo-natal death rate in consequence came down to 9.6 for every thousand live births, compared with 10.9 in 1970. This is most welcome and maintains the improvement which has been shown over recent years.

Perinatal Mortality

The sum of the early neo-natal (under one week) deaths and the still births expressed as a ratio per 1,000 total births is known as the perinatal mortality rate.

There were 61 deaths in the first week of life together with 85 children who were still born and this gives a rate of 19.2 compared with the national figure of 22.0.

<i>Year</i>		<i>Northumberland</i>		<i>England & Wales</i>
1966	..	28.1	..	26.3
1967	..	24.1	..	25.4
1968	..	23.1	..	25.0
1969	..	21.7	..	23.0
1970	..	21.2	..	23.0
1971	..	19.2	..	22.0

Infant Deaths

The infant mortality rate which has long been regarded as an index of the standards of community care was reduced in the county to a record new low level of 13.6 for every 1,000 live births, and only 102 babies died in their first year. This is a most satisfactory situation and represents an improvement of 15% over the previous year.

Details are shown in the following table :—

	Boroughs and Urban Districts			Rural Districts			Total		
	M.	F.	T.	M.	F.	T.	M.	F.	T.
Meningococcal Infection	—	1	1	—	—	—	—	1	1
Other Infective and Parasitic diseases	1	—	1	—	—	—	1	—	1
Other Endocrine etc. diseases ..	1	—	1	—	—	—	1	—	1
Other diseases of the nervous system	1	1	2	—	—	—	1	1	2
Other forms of heart disease ..	1	—	1	—	—	—	1	—	1
Pneumonia	6	2	8	1	1	2	7	3	10
Other diseases of respiratory system	2	2	4	1	—	1	3	2	5
Intestinal obstruction and hernia..	4	—	4	—	—	—	4	—	4
Other diseases of digestive system	1	—	1	—	—	—	1	—	1
Congenital anomalies	10	7	17	3	—	3	13	7	20
Birth injury, difficult labour etc. ..	18	11	29	5	2	7	23	13	36
Symptoms and ill defined conditions	—	—	—	1	1	2	1	1	2
Other causes of perinatal mortality	10	4	14	—	—	—	10	4	14
All other accidents	2	1	3	—	1	1	2	2	4
	57	29	86	11	5	16	68	34	102

Maternal Mortality

No mother died in the county in 1971 from childbirth or conditions associated with pregnancy.

VITAL STATISTICS
Rates for Northumberland compared with England and Wales

Year	Still Births		Neo Natal Mortality		Early Neo Natal Mortality		Perinatal Mortality		Infant Mortality		Maternal Mortality	
	County	E. & W.	County	E. & W.	County	E. & W.	County	E. & W.	County	E. & W.	County	E. & W.
1965	16.9	15.8	12.0	13.0	10.9	11.3	27.6	26.9	16.0	19.0	0.24	0.25
1966	16.8	15.4	13.5	12.9	11.5	11.1	28.1	26.3	20.1	19.0	0.13	0.26
1967	13.9	14.8	12.5	12.5	10.4	10.8	24.1	25.4	17.6	18.3	0.00	0.20
1968	13.6	14.0	11.5	12.3	9.5	10.5	23.1	25.0	16.5	18.0	0.00	0.24
1969	12.5	13.0	11.5	12.0	9.4	10.0	21.7	23.0	15.6	18.0	0.42	0.19
1970	12.8	13.0	10.9	12.0	8.5	11.0	21.2	23.0	16.1	18.0	0.00	0.18
1971	11.2	12.0	9.6	12.0	8.1	10.0	19.2	22.0	13.6	18.0	0.00	0.17

Child Health Clinics

The mothers in the county continue to make considerable use of the child health clinics which the Council provide. Clinics were held in 88 places, roughly half of them being in county owned premises. More than 30,000 children attended these clinics, where regular developmental examinations aim at the earliest possible detection of departures from the normal with prompt assessment and help. The number of attendances was the highest for five years, though the number of children was slightly less than the year before. Of the 30,665 children seen during the year, 7,558 were born in 1971, 7,447 were born in 1970, and 15,660 in the period 1966-69.

Year	No. of Clinics	No. of half-day sessions held	Total No. of children attending	Total attendances
1967	89	5,922	31,928	140,945
1968	87	5,956	31,643	133,331
1969	86	5,930	31,790	128,192
1970	87	5,829	31,528	129,348
1971	88	5,949	30,665	136,688

CONGENITAL ABNORMALITIES

The scheme which started in 1963 for the notification of congenital abnormalities observable at birth continued during the year. The number of children notified during 1971 and details of the malformations are shown below :—

<i>Year</i>	<i>No. of children notified with defects</i>			
1965	125
1966	74
1967	87
1968	115
1969	126
1970	141
1971	188
<i>Type of Malformation</i>				
Central Nervous System..	38
Eye, Ear	6
Alimentary System	23
Heart and great vessels	16
Respiratory System	—
Uro-genital System	30
Limbs	81
Other skeletal	4
Other systems	7
Other malformations	15

DISTRIBUTION OF WELFARE FOODS

This is a service provided by the Council for the Department of Health at all the clinics and also by postal service from the central food store in Gosforth.

The table below shows the amount of milk and vitamin supplements sold during the last five years.

Year	National Dried Milk	Cod Liver Oil	Vitamin A. & D. Tablets	Orange Juice	Vitamin A, D & C Drops
	Tins	Bottles	Packets	Bottles	Bottles
1967	54,572	8,360	7,199	159,041	12,332
1968	42,051	7,459	7,052	147,425	
1969	33,358	7,505	7,891	164,068	
1970	30,640	6,581	8,706	168,956	
1971	40,942	3,727	7,023	181,297	

Under the new Welfare Foods Order which came into effect in April, 1971 the provision of reduced price welfare milk for expectant mothers and young children ceased but the entitlement to free milk and foods was extended. The Department of Health decided that need would be assessed at a higher level so that many more of the larger families and families with low incomes would qualify.

After existing stocks of orange juice and cod liver oil were exhausted these were replaced by new Vitamin A, D & C drops for children and A, D & C tablets for mothers.

The Council's own scheme for the distribution of certain proprietary infant foods was reviewed at this time and it was decided to discontinue these sales except in a number of outlying clinics.

CONSULTANT CLINICS

Ophthalmic and orthopaedic sessions for school children are held in clinic premises and pre-school children who are referred from child health clinics attend by arrangement. The number of children attending are shown below :—

<i>Ophthalmic</i>	1971	1970	1969	1968	1967	1966
No. of pre-school children examined ..	1,482	1,547	1,648	1,672	1,493	1,838
No. of spectacles prescribed	166	159	197	239	252	231
<i>Orthopaedic</i>						
No. of new cases who attended	885	888	912	963	908	856
No. of old cases who attended	1,452	1,347	1,105	1,131	1,110	988

Speech therapy is also given to pre-school children where necessary, by arrangement with the School Health Service. During the year 146 pre-school children were treated compared with 80 in 1970.

ANTE NATAL CLINICS

The practice of family doctors giving ante-natal advice to their own patients in county owned clinics has continued and a health visitor/midwife team is available either in the clinic or at the doctor's surgery. The number of expectant mothers attending was lower than the previous year.

Year	No. of Expectant Mothers attending	Total No. of Attendances
1967	6,628	33,231
1968	6,751	32,571
1969	6,477	32,299
1970	6,768	34,247
1971	6,408	33,543

Post natal supervision continued as in previous years :—

Year	Number of Mothers Attending
1967	2,832
1968	2,773
1969	2,937
1970	2,821
1971	3,066

The increase in the number of mothers examined is to be welcomed.

RELAXATION CLINICS :

Ante-Natal relaxation classes are held at 30 clinics, the majority being conducted by physiotherapists and the others by especially trained health visitors and midwives. The demand for this service continues and more expectant mothers made use of it than during the previous year. In all, 1,465 women attended these classes with a total of 8,748 attendances.

Family Planning

Much of the work of family planning in the county was carried out for many years by the Family Planning Association and the Council gave grants to the clinics in Ashington, Berwick and Blyth. Tribute must be paid to the Association for its pioneer work and to the workers at these clinics who were first in the field in Northumberland. The first clinic directly provided by the Council was opened in 1957 and by 1970 there were 17 such clinics working. During 1971 the Council decided to take over the clinics at Ashington, Berwick and Blyth and opened 5 additional clinics, so that there are now 26 family planning clinics operating in the county. In addition clinics for the insertion of intra-uterine contraceptive devices are held at Alnwick and Berwick with the collaboration of the hospitals.

In 1960 only 170 women attended the Council's clinics : in 1971 this figure had grown to 2,123 new patients. A further indication of the increase in the work is seen in the following table

which shows that there were 8,961 attendances. Five years earlier the number of attendances had been 1,402.

Clinics	No. of New* Patients Seen	No. of Attendances			No. of Half Day Sessions		
		YEARS					
	1971	1969	1970	1971	1969	1970	1971
Acklington	22	57	52	62	9	10	12
Alnwick	108	197	254	357	25	23	29
Amble	9	—	—	24	—	—	6
Ashington†	71	—	—	424	—	—	38
Bedlington	96	388	438	494	26	43	52
Berwick†	36	—	—	155	—	—	15
Blyth†	80	—	—	532	—	—	35
Chapel House	77	194	298	360	22	24	26
Fordley	139	448	613	757	32	47	57
Forest Hall (Com- menced July, 1971)	29	—	—	59	—	—	6
Gosforth	102	220	260	396	26	31	52
Hexham	144	461	439	557	51	55	67
Longbenton	109	314	416	502	27	35	49
Monkseaton	230	1,027	1,013	1,061	75	81	73
Morpeth	87	155	218	303	21	25	28
Newbiggin Hall	80	57	167	306	13	23	35
Ponteland (Commenced Oct., 1971)	6	—	—	8	—	—	3
Seaton Delaval (Com- menced July, 1971)	46	—	—	88	—	—	12
Seaton Sluice .. .	62	160	171	202	25	24	31
Shiremoor	115	610	571	706	49	51	51
Throckley	86	—	124	294	—	23	26
Wallsend	180	571	617	736	49	54	61
West Wylam (Com- menced Aug., 1971)	23	—	—	34	—	—	5
Whitley Bay (Com- menced July, 1971)	67	—	—	147	—	—	13
Widdrington	47	84	109	128	12	12	13
Wooler	72	87	202	269	16	23	23
	2,123	5,030	5,962	8,961	478	584	818

I.U.C.D. Clinic

Alnwick Infirmary (Commenced July, 1971 No. of Patients treated 1971 — 56

I.U.C.D. Clinic

Berwick Infirmary† No. of Patients Treated 1971 — 43

†Clinics taken over from Family Planning Association — July, 1971.

*New patients are those who, as far as is known, have not visited a clinic in the previous three years. These figures are not available for the years 1969 & 1970.

Cervical Cytology

A joint service for this preventive screening test has been provided for several years by family doctors in county clinics and as part of the family planning service, and the following figures show the numbers involved.

Although there has been a continued demand for this test very many women do not make use of the service and there is scope for much wider use to be made of the test. It is encouraging, and perhaps significant, that 1,000 more tests were done at family planning clinics than in 1970, and that there was a total increase of 500 in the number of smears.

Clinic	Cytology Clinics	Family Planning Clinics
Acklington	510	21
Alnwick	115	133
Amble	240	4
Ashington	38	284
Bedlington, Guide Post	80	—
Bedlington Station	104	—
Bedlington Health Centre	15	106
Blyth	57	258
Chapel House	1	204
Cramlington	60	—
Fordley	20	391
Forest Hall	41	34
Gosforth	17	—
Haltwhistle	84	—
Hexham	74	201
Humshaugh	13	—
Killingworth	49	—
Lemington	9	—
Longbenton	460	239
Monkseaton	89	681
Morpeth	125	109
Newbiggin-by-the-Sea	224	—
Newbiggin Hall	15	177
Ponteland	176	2
Seaton Delaval	—	53
Seaton Sluice	—	139
Seghill	15	—
Shiremoor	—	250
South Broomhill	139	—
Throckley	3	92
Tweedmouth	354	118
Wallsend	233	219
West Wylam	96	3
Whitley Bay	—	54
Widdrington	5	60
Willington Quay	69	—
Woodlands Park	58	—
Wooler	98	88
Wark	8	—
TOTAL	3,694	3,920

Of the 3,920 smears taken at family planning clinics, 5 required the patient to be referred to hospital for investigation.

Pre-School play groups

In recent years there has been an expansion of the pre-school play groups which are held in the Department's clinic premises under the general supervision of health visitors assisted by voluntary workers. The groups provide a most useful service, and the extent of their operation is seen in the following figures :—

Clinic	No. of Places Available	No. of Children on Register 31/12/71	No. of Sessions	No. of Priority Children on Register	No. of Attendan- ces
Ashington	15	30	59	21	518
Bedlington	20	20	40	8	680
Blyth	20	40	72	8	1,140
Brunton Park	12	12	38	—	371
Cowpen	20	30	40	5	750
Fordley	12	12	40	15	352
Forest Hall	20	21	40	4	669
Gosforth	12	12	41	5	358
Lemington	20	18	38	38	650
Longbenton	12	24	79	11	667
Newbiggin/Sea	20	15	29	—	360
Newbiggin Hall	16	14	23	3	212
Ponteland	25	27	37	—	768
Prudhoe	12	—	40	—	409
Rothbury	12	12	17	—	134
Seaton Sluice	10	20	76	20	630
Shiremoor	24	24	35	—	483
South Broomhill	36	36	35	10	1,222
West Wylam.. ..	14	—	40	—	522
Widdrington.. ..	15	15	40	—	382
Woodlands Park	36	101	28	—	1,020
TOTAL	383	483	887	148	12,297

COMMUNITY NURSING SERVICE

(Miss Y. E. Buckoke)

The main developments in the community nursing service during 1971 relate to the integration of services and are of particular importance bearing in mind the impending unification of the National Health Service in 1974. The far reaching changes which lie ahead following this re-organisation and also the publication of the report of the Asa Briggs Committee on Nursing have resulted in understandable uncertainty amongst nursing personnel concerning their future. Every endeavour has been made to maintain staff morale and promote a positive attitude by keeping staff informed of plans and developments, by stimulating enthusiasm towards the concept of an integrated service and by developing their particular contribution to the provision of a higher standard of health care for the people of Northumberland.

1. MANAGEMENT STRUCTURE

The revised management structure for the nursing service which was approved by the Secretary of State as a model scheme in 1970 was partially implemented during the year. The scheme involves three levels, with a Chief Nursing Officer and a Principal Nursing Officer in top management, five Area Nursing Officers, five Nursing Officers (health visiting) and five Nursing Officers (district nursing) in middle and first-line management based on five geographical areas, each with a population of approximately 100,000. The following appointments were confirmed during the year and it is hoped that the scheme will become fully operational in April, 1972 with the appointment of the fifth Area Nursing Officer, three Nursing Officers (Health Visiting) and three Nursing Officers (District Nursing).

Chief Nursing Officer — Miss Y. E. Buckoke

Principal Nursing Officer — Miss H. Goodworth (appointed 1/10/71)

Area Nursing Officers — Mrs. R. Beck

Miss E. Brown (appointed 1/9/71)

Miss N. Cowley

Miss G. Saint

Nursing Officer (Health Visiting — Mrs. A. Moore (app. 1/11/71)

Mrs. M. Robson „ „

Nursing Officer (Dist. Nursing) — Miss A. Fowler „ „

Mrs. J. Allen „ „

Excellent office accommodation has been provided for the first-line managers in their respective areas and part-time clerical help has been made available for them. In order to gain the willing co-operation of field staff in the implementation of the scheme, meetings were held in the two areas concerned to ensure that the new structure and the functions of the various levels of management

were fully understood. Emphasis was laid on the primary aim of management which is to achieve the maximum development of community nursing and integration of services leading to the highest possible standard of care. Similar meetings were held throughout the County to inform staff of the contents of the Report of the Working Party on the Management Structure in the Local Authority Nursing Services and this preparation for the impending changes has proved very worthwhile in that the scheme appears to have been generally accepted by the staff.

2. STAFFING AND RECRUITMENT

At 31st December, the staffing position was as follows :—

	<i>In Post</i>	<i>Vacancies</i>
Chief Nursing Officer	1	—
Principal Nursing Officer	1	—
Area Nursing Officers	4	1
Nursing Officers (Health Visiting)	2	—
Nursing Officers (District Nursing)	2	—
Group Advisers/Health Visitors	4	—
Health Visitors (full-time)	96	7
Health Visitors (part-time)	9 (6)	—
District Nurses (full-time)	83	—
District Nurses (part-time)	45 (18)	—
District Midwives (full-time)	12	—
District Midwives (part-time)	3 (1)	—
District Nurse-Midwives (full-time)	39	—
District Nurse-Midwives (part-time)	—	—
Health Visitor Assistants (part-time)	40 (11.5)	—
Bath Attendants (full-time)	2	—
Bath Attendants (part-time)	17 (7)	—

The figures given in brackets relate to whole-time equivalent.

Difficulty was experienced in recruiting health visitors to the service and as a result, the establishment which had been increased by 4 to 109 was not achieved. Furthermore, the table does not indicate vacancies which arose during the first ten months of the year which were filled by the 8 health visitors who trained under the Council's grant-aided scheme. No difficulty was experienced in recruiting to the district nursing and midwifery service.

3. FAMILY DOCTOR ATTACHMENT SCHEMES

New attachment schemes were initiated with 5 family doctor practices involving 4 district nurses and 5 health visitors. In addition the nursing team attached to some practices was strengthened by the appointment of additional staff where this was justified either by an increase in the practice population or developments in the work. At the end of the year 89 health visitors and 91 district nurses were participating in schemes involving 85 practices.

Twelve practices with their associated health visiting and nursing staff now work from health centre premises and 3 practices

provide full accommodation in their surgeries for the attached local authority staff. There can be no doubt that the provision of good accommodation where medical and nursing staff can work together is essential for the proper development of teamwork and facilitates the provision of a high standard of health care for the practice population.

A logical extension of the attachment schemes has been the arrangement for cross boundary visiting of practice patients and a limited number of schemes has been initiated with Newcastle upon Tyne and Cumberland. The value of these schemes is most apparent with the sick and the elderly for whom continuity of care is assured. Some doubt must exist as to their value in the follow-up of families with young children who may be involved with both the 'practice' and the clinic health visitor and hence subject to the possibility of receiving conflicting advice.

There are many indications that the policy of attaching local authority nursing staff to family doctor practices leads to an enhanced service for the families and the patients, and to greater job satisfaction for the professional staff involved, but much remains to be done in strengthening existing schemes, in arranging for complete attachments, both within the County and with practices which extend into other local authority areas and to achieve the target of 100% viable schemes. A systematic and continuing evaluation of all attachments is urgently needed in order to identify those where further encouragement, advice or training would benefit the staff concerned in the development of their work. The implementation of the new management structure will facilitate this important follow-up work.

4. LIAISON WITH HOSPITALS

During the past few years there has been an increase in contact between medical and nursing personnel in hospitals and those working in the community and the trend is now gathering momentum. Whilst some schemes to promote liaison have been initiated at management level, the most noteworthy development has been the extent to which individual health visitors, district nurses and midwives have established direct contact with ward sisters and medical social workers. There is, nevertheless, a need for more formal links to be made with hospitals in order to achieve an improved service for patients and the revised management structure in the community nursing service will provide the framework for this as the various levels of management correspond exactly with the Salmon grades in the hospital service.

A pre-requisite in achieving the optimum standard of patient care is for nursing staff to be conversant with developments in the work of their colleagues in the other branches of the health service. During the year, the policy of arranging for district nurses to

spend a period in hospital was continued and seventeen members of staff from the west of the County spent five days in the wards and departments of Hexham General Hospital. Following this, all the ward and departmental sisters from the hospital were given some insight into the community health service by spending two days with health visitors and district nurses, all of whom were attached to family doctor practices.

These programmes proved of undoubted interest to all who participated and as a result the high level of co-operation which had already been achieved with the hospital staff has been further developed.

5. LIAISON WITH STAFF OF THE SOCIAL SERVICES DEPARTMENT

The need for co-operation between the field staff of the Social Services Department and health visitors, district nurses and midwives is self evident, particularly in the care of children, the elderly, the disabled and the handicapped and it has been gratifying to note the extent to which this has developed in most areas. A uniform system for the referral of problems by health visitors and nurses to social workers was devised and appears to be working well and in most cases a two-way flow of essential information has been achieved. In the two areas where nursing officers (first-line managers) have been appointed, links were established with the appropriate area officers of the Social Services Department and it is hoped that jointly they will be able to foster and develop good relationships and team work amongst the field staff. In a number of areas lunch time meetings have been arranged to provide an opportunity to discuss each others spheres of work and mutual problems.

6. FAMILY PLANNING

The provision of a comprehensive family planning service fully used by those who would benefit has considerable implications for health visitors, midwives and district nurses. The Department of Health Circulars 15/67 and 36/71 emphasised the role of nursing staff working in the community in achieving successful use of the service and every endeavour is being made to ensure that all staff are fully equipped for this important aspect of their work. Over the past few years several conferences have been held on this subject and in 1971 a further conference was arranged for health visitors. The rapid growth in the number of family planning sessions held and in the numbers attending has necessitated the training of a large number of midwives and nurses in order to staff the clinics. In previous years, this training has been provided by the Family Planning Association in Newcastle upon Tyne, but in view of the numbers and the expense involved, it was decided during 1971 to devise a new training scheme utilising the facilities available in the County clinics. The scheme involves attendance at the 2 day

lecture course arranged by the Family Planning Association and attendance at a minimum of eight sessions at selected clinics in the County. Attendance at a variety of clinics in both working and middle-class areas ensures that the staff concerned receive a wide range of instruction and experience in the various methods and techniques from the 4 doctors participating in the scheme. This training has proved highly popular and a large number of staff have asked to be included. During 1971, priority was given to fifteen midwives and district nurses from those areas where the service was newly initiated or where additional help was required on account of an increased demand for the service. A further eight members of the staff completed the practical training and await the next lecture course.

All staff have been encouraged to bring the service to the notice of the public and where necessary to provide transport for those who would otherwise not attend. A survey was undertaken during the year to decide whether there is a need for a domiciliary service and the results of this indicated that whilst the majority are availing themselves of the clinic facilities, there is a small number who are unlikely to do so and would therefore benefit from a visiting service.

7. DISTRICT NURSING

	<i>New Cases</i>	<i>Total Visits</i>	<i>Advisory Visits</i>	<i>Surgeries</i>	<i>Patients Treated</i>	<i>Total Treatments</i>
1967	11,990	294,251	13,422	3,434	5,467	20,154
1968	14,304	318,665	14,939	4,813	10,002	29,276
1969	15,881	320,157	19,425	7,825	21,546	54,649
1970	18,605	335,425	22,322	11,896	33,681	84,443
1971	19,933	347,691	28,642	14,827	47,883	110,566

1971 has again shown an increase in all aspects of the district nurses work and in particular in the number of patients undergoing investigations and treatments in health centres and surgeries. The majority of doctors provide excellent treatment room accommodation and equipment for the use of nursing staff and in those health centres and surgeries which have an electrocardiograph machine, arrangements have been made for the nursing staff concerned to receive instruction in its use at Ashington Hospital. There has also been an increase in the number of patients visited at home and this includes an increased number who have been discharged from hospital to the care of the family doctor and district nurse following surgery.

A growing number of nurses in conjunction with their health visitor colleagues are holding special treatment and advisory clinics for patients suffering from obesity or hypertension and as a result are becoming more aware of their responsibilities and potential as health teachers.

The number of bath attendants employed was increased by the whole time equivalent of 2 thus allowing the nursing staff to devote more time to actual nursing duties. A survey carried out

during the year demonstrated the need for a further increase in the establishment of bath attendants and provision will be made for this in 1972.

In an attempt to minimise the volume of clerical work undertaken by district nurses, a review was carried out and as a result a new system was introduced which considerably simplified and reduced the records. The Marie Curie Memorial Day and Night Nursing Service continued as an extension of the domiciliary nursing service by providing trained night nurses or auxiliary nurses to assist with the care of terminal cancer patients. This help was given to 32 patients during the year and many patients received assistance through the area welfare group scheme of the Foundation.

8. HEALTH VISITING

	1968	1969	1970	1971
1. FIRST VISITS				
(a) 0 — 1 year	7195	7242	7313	7660
(b) 1 — 2 years	7113	6882	6677	6708
(c) 2 — 5 years	19451	17563	15538	14669
TOTAL	<u>33759</u>	<u>31687</u>	<u>29528</u>	<u>29037</u>
2. (a) Persons aged 65 or over ..	4937	5444	6013	6484
(b) No. in 2 (a) visited at request of G.P. or hospital ..	2512	2965	2998	3199
3. (a) Mentally disordered persons.	441	402	432	389
(b) No. in 3 (a) visited at request of G.P. or hospital ..	250	214	252	229
4. (a) Persons discharged from hospital (other than mental hospitals)	594	564	591	574
(b) No. included in 4 (a) visited at request of G.P. or hospital	389	323	331	382
5. Tuberculosis households ..	322	249	228	189
6. Households visited on account of other infectious diseases	189	163	510	205

During the past ten years there have been many innovations and developments which have added to the responsibilities and the volume of work undertaken by health visitors both in clinics and in home visiting. These include the detection of deafness in infants and young children ; the setting up of the Observation Register and the increased supervision of those infants considered to be

'at risk'; the extension of the vaccination and immunisation programme to include protection against measles and rubella; the development of the cervical cytology and family planning services and the advent of the attachment schemes with the resulting increase in both the range and volume of problems referred by doctors. It is worthy of comment that these additional duties including the attendant increase in clerical work have been taken on with a relatively small increase in the establishment of health visitors. Furthermore, circumstances sometimes arise, as with the postal strike in 1971 when health visitors are called upon to 'fill the gap' at the expense of their specific field of work. The shortage of health visitors is not peculiar to Northumberland, but is general throughout the United Kingdom. Provision is being made for a considerable increase in the establishment of health visitors in the County, but if the targets are to be achieved a larger number of students will need to be recruited from a diminishing pool of women with the necessary pre-requisite qualifications, aptitudes and abilities.

In spite of the many pressures upon them, the work undertaken by the health visitors continues to develop particularly within the setting of the family doctor attachment schemes. As in previous years, the statistical table gives little indication of the range of work referred by doctors or of the total volume of visits undertaken. In addition to home visiting of practice patients several health visitors now hold consulting sessions in health centres and surgeries for patients requiring their help or advice.

The decrease in the number of first visits to pre-school children reflects the national picture. The excellent use made by mothers of the clinic facilities in the County enables the health visitor to be selective in visiting and to concentrate on those in greatest need of help and advice, but it is essential that the pressure of other work should not result in a diminution of their educational activities with expectant mothers and young children as it is with these groups that the foundations of healthy living are laid.

In the school health service, health visitors continued to work closely with the teaching staff and school medical officers. Most of the routine work in connection with medical examinations, immunisation services, refraction clinics and hygiene surveys was undertaken by the health visitor assistants leaving the health visitors free to concentrate on health education and the follow-up of problems. There was, however, a marked increase in the incidence of head infestation in a number of areas during 1971 and this required a special campaign to eradicate the problem.

During the year the establishment of health visitor assistants was increased by the whole time equivalent of two so that additional help was available to relieve the shortage of health visitors and those most affected by the problem of head infestation.

9. MIDWIFERY

The following tables indicate the increasing difficulty in providing a viable domiciliary midwifery service and support the view that all confinements should take place in hospital.

	<i>Total live and stillbirths</i>	<i>Home Confinements</i>	<i>Number discharged on/before 48 hours.</i>
1967	7,545	707	997
1968	7,270	422	1,145
1969	7,137	253	1,193
1970	7,259	194	1,450
1971	7,550	147	1,443

The following table shows the number of home deliveries undertaken during the year by the staff concerned.

<i>Number of cases</i>	<i>Full-time Midwives</i>	<i>District Nurse-Midwives</i>
0	3	23
1—2	5	7
3—5	1	3
6—10	7	—
11—20	3	—
21—25	1	—

The problem is two-fold. Firstly, it will be noted that 26 full-time midwives and nurse-midwives had no home deliveries during the year and only 4 had more than 10 cases and concern must be felt that midwives with few or no cases are in danger of losing their skill. In addition, it becomes increasingly difficult to justify the appointment of highly trained staff to a field of work where they will have little opportunity to use their skills and hence obtain any degree of satisfaction in their work. The geographical areas of all midwives and nurse-midwives have been extended to the maximum practical limits and even with the emergency call arrangements based on the Wideopen Ambulance control the provision of full midwifery cover presents a growing problem.

In the north of the county, agreement was reached in 1965 with the local practitioners and the Berwick upon Tweed Hospital Management Committee to pursue a policy of 100% hospital confinement. Sufficient hospital beds were available to allow for this and the doctors agreed to encourage all expectant mothers to have their babies in hospital. No difficulties were experienced in implementing this policy and there have since been no booked home confinements in this large geographical area where previously 5 midwives were employed.

In Ashington, the scheme for five members of the County staff to deliver their own booked cases in the general practitioner unit of the hospital has proved of limited value and only 16 such cases were undertaken during the year. Four of the staff concerned are nurse-midwives and their district nursing commitments preclude the possibility of them always being available to attend the hos-

pital when required. During the year, discussions were initiated with a view to the hospital taking over responsibility for all domiciliary maternity work for two family doctor practices in Bedlingtonshire.

In a growing number of areas of the County increasing use is being made of the Council's powers under the Health Services and Public Health Act 1968 to arrange for the post natal visiting of maternity discharges to be undertaken jointly by district nurses and health visitors. In addition to their work with maternity discharges, the full-time midwives and nurse-midwives continue to play an active part in the work of the ante-natal clinics as well as cervical cytology and family planning sessions.

10. STAFF TRAINING AND DEVELOPMENT

One area nursing officer attended a middle management course approved by the Local Government Training Board at the Huddersfield Polytechnic. Eleven midwives attended the statutory residential refresher course and the policy of sending health visitors on five-yearly courses continued with fifteen attending courses of their choice. In addition, three health visitors attended the six-week course for fieldwork instructors at the Durham Technical College. Three district nurses attended the practical work instructors course at the Newcastle upon Tyne Polytechnic and 6 state registered and 4 state enrolled district nurses successfully completed the district nurse training course. A three month obstetric course was arranged for one nurse and the two nursing sisters in charge of the sick bays at the Brownrigg and Marton Boarding Schools attended a residential conference for nurses undertaking this type of work.

Apart from the training in family planning and the five-day course for district nurses at Hexham General Hospital, the pressure of work on the Nursing Officers precluded the possibility of pursuing an active programme of study days, short courses and conferences which for many years has been a regular feature of the nursing service. It is hoped that with the new management structure, it will prove possible to expand this vital aspect of the work and to ensure that all grades of staff receive both the basic and the further training and education which they require in order to develop their full potential.

11. STUDENT EDUCATION AND VISITORS TO THE COUNTY

Nine students were sponsored for health visitor training under the Council's grant aided scheme and during the year the number of health visitor/field work instructors was increased to 10, as additional placements were required to accommodate the larger number of traditional health visitor students and students undertaking the diploma course in hospital and community nursing. 11 students undertook the whole of their practical train-

ing in Northumberland and five-day programmes of alternative experience were arranged for 16 students from the Newcastle upon Tyne Polytechnic and other training schools in various parts of the country.

Participation in the training of student and pupil nurses from the following hospitals continued throughout the year :—Hexham General Hospital, St. George's Hospital, Berwick Infirmary, the Royal Victoria Infirmary and the Newcastle General Hospital. Visits of observation were arranged with health visitors, district nurses and midwives and lectures on the social aspect of disease and the community health services were given by nursing officers in some of these hospitals.

Five student midwives undertaking the integrated course of midwifery training at Ashington Hospital undertook the required twelve week period of community experience with designated teaching midwives in Ashington, Newbiggin-by-the-Sea and Morpeth.

Programmes were also arranged for 45 medical students and students and qualified workers from a number of other disciplines including social work.

DENTAL SERVICE

Mr. C. L. CARMICHAEL, B.D.S., D.P.D., D.D.P.H.R.C.S.

In October, Mr. A. E. Robinson, Principal School Dental Officer since 1938, retired after 40 years' service in the Northumberland School Dental Service, starting in 1931. In that year he opened the first Maternity and Child Welfare Clinic in Prudhoe, instituting for the first time in Northumberland, clinic dental care for expectant mothers. Since then the service has grown under his direction until today there are 33 clinics in operation testifying to Mr. Robinson's success in bringing comprehensive dental care to mothers in Northumberland.

Dental inspection and treatment is available for all children under the age of five years and expectant or nursing mothers, from members of the School Dental Service.

Whilst advantage can be taken in the more rural areas, of the visit of the mobile dental units, the majority of treatment is carried out in the undermentioned clinics :—

1.	Alnwick	Miss S. M. Crute, B.D.S.
2.	Amble	Mr. C. A. Nutt, L.D.S.
3.	Ashington I	Mr. R. S. Ferrell, L.D.S.
4.	Ashington II	Mr. C. L. Carmichael, B.D.S., D.P.D., D.D.P.H.R.C.S.
5.	Bedlington	Mr. G. W. R. Bryant, L.D.S.
6.	Blyth	Mr. E. G. Stuart, B.D.S.
7.	Cowpen	Mr. H. J. Coombes, L.D.S.
8.	Cramlington	Mr. T. M. Mahadervan, L.D.S.
9.	Fordley	Mr. W. Robson, L.D.S.
10.	Forest Hall	Mr. G. C. J. Long, B.D.S.
11.	Gosforth	Mrs. M. I. Matthews, B.D.S.
12.	Guide Post	Mr. C. I. Cousins, B.D.S.
13.	Haltwhistle	Mr. I. W. Atchison, B.D.S.
14.	Hexham	Miss H. C. Gent, B.D.S.
15.	Longbenton I	Mrs. P. Nicholson, L.D.S.
16.	Longbenton II	Mrs. A. M. Walker, Dental Auxiliary.
17.	Low Willington I	Miss O. I. Wears, B.D.S.
18.	Low Willington II	Mr. P. R. A. Bennett, B.D.S.
19.	Morpeth	Mr. S. J. Smithson, L.D.S.
20.	Newbiggin Hall	Mr. G. W. R. Bryant, L.D.S. Mr. H. J. Coombes, L.D.S.
21.	Newburn	Mr. J. W. K. Lumley, L.D.S.
22.	Bellingham C. S. School	Mr. T. A. Ireland, L.D.S.
23.	Ponteland	Mr. G. C. J. Long, B.D.S.
24.	Prudhoe	Mrs. S. E. Williams, L.D.S. (Resigned 31/5/71). Mr. W. M. Rouse, B.D.S. (Commenced 1/9/71)
25.	Rothbury	Mr. S. J. Smithson, L.D.S.
26.	Seaton Delaval	Mr. A. E. Robinson, F.D.S.R.C.S. (Retired 31/10/71). Mr. T. M. Mahadervan, L.D.S.
27.	Shiremoor	Mrs. W. S. Drury, L.D.S.
28.	Throckley	†Mrs. K. Lamb, B.D.S. (Resigned 30/1/71) †Mrs. S. J. Haggie, B.D.S. (Commenced 1/2/71).

29.	Tweedmouth	..	..	Mr. I. Stonehouse, L.D.S., B.D.S.
30.	Wallsend..	..	..	Mr. J. F. Horseman, L.D.S.
31.	Whitley Bay	..	..	Mrs. W. S. Drury, L.D.S.
32.	Woodlands Park	..	..	Mr. W. Robson, L.D.S.
33.	Wooler	..	..	Mr. R. W. Whittingham, B.D.S.

† Part-time.

Thus all priority classes are able to have a free dental examination in their immediate neighbourhood and if desired full comprehensive dental treatment.

Out of the 2,205 pre-school children examined, 40.8% were found to require no treatment, a fall of 1% compared to 1970, but these figures give no true picture of the dental health in the County as a whole because of the low percentage of the pre-school population attending for inspection. It is for this reason that it is most important that health visitors bring to the notice of all mothers with whom they come in contact the existence of this service and the fact that a dental examination at the age of three years or before is the best introduction for a child to dental treatment. Apart from fluoridation, prevention, by means of dental health education starting with mothers of young children and followed up as an integral part of school life, depends for its success on the closest co-operation between the dental services, doctors, health visitors and teachers.

The continued referral to the Dental Officer by the Medical Officer at birthday clinics is vital in this respect and is often the first step in advising mothers against bad dietary habits, thumb sucking and the use of sweetened comforters and so starting successful life time dental care. The sending of a birthday card to all children on their third birthday with an invitation to their parents to bring them to the clinic is now to be introduced throughout the County, in an attempt to stimulate parents to take an early interest in their children's teeth.

1,510 fillings and 1,234 extractions were carried out for pre-school children during the year. The majority of extractions were done under general anaesthesia, 401 general anaesthetics being given. The opportunity was taken to give chairside talks to all children and their mothers on the importance of toothbrushing, avoidance of sticky between meal snacks and regular inspection.

333 expectant and nursing mothers were seen during the year and only 4 required no treatment. 705 fillings were inserted and 386 teeth extracted for these patients, together with the supply of 154 dentures. The number of mothers seen was again fewer than in the previous year, continuing the trend that has been noticeable over the decade, of the family dentist now looking after the expectant mother. This is for the best because continuity of treatment is even more important at this stage of a young mother's life than at any other time and it is at her well known family

dentist who knows her history, that she will feel most at home. The local authority service treats those who have no family dentist and have not regularly looked after their teeth. This no doubt, is why such a large number of dentures were supplied during the year.

VACCINATION AND IMMUNISATION

TRIPLE ANTIGEN IMMUNISATION :

The programme of injections against the three diseases of childhood, diphtheria, whooping cough and tetanus, continued as in previous years and the figures in table 14 show a satisfactory year's work.

The total number of children who completed a primary course of injections was nearly 300 more than last year, while the number of re-immunising doses given to older children was considerably reduced. This was probably due to the failure of the post office to provide a service over a long period in the early part of 1971 and it will require a greater effort from all parts to make sure that the children missed in 1971 are re-vaccinated next year.

POLIOMYELITIS :

6,811 children were given a primary dose of the vaccine by mouth compared with 6,245 last year. As in the case of triple immunisation there was a falling off in the reinforcing doses given to the older age groups.

MEASLES :

The vaccine used to protect babies against measles was again available and 4,580 protective doses were given. Most of these were to protect children born in 1969 and 1970.

GERMAN MEASLES :

The vaccination of girls in their 14th year was repeated for the second year and 3,379 were protected. This is from an approximate total of 3,845 girls born in 1958.

SMALLPOX :

In July, the Department of Health and Social Security issued a circular advising that vaccination against smallpox need not now be recommended as a routine procedure in early childhood. It has been known for some time that primary vaccination carried a small risk of serious complications and until recently this risk was considered to be less than allowing the child to remain unprotected against the disease. The World Health Organisation has had great success with its smallpox eradication programme and the chances of the disease being introduced into this country have so diminished that the risks associated with routine vaccination have become disproportionate. The County Council accepted the recommendation of the Department of Health except in such cases where the child is to go abroad and an international certificate of vaccination is required, when the routine procedure will be carried out.

GENERAL STATE OF PROTECTION IN THE COUNTY :

The Department of Health has published figures for all local health authorities in the country, showing the protection state of children born in 1969 as on 31st December, 1971. The Table below shows the figures for England and for Northumberland and it will be seen that for all three diseases, the County protection is better than for the whole of the country.

Local Health Authority	Percentage of Children Vaccinated by 31/12/71 (born in 1969)		
	Whooping Cough	Diphtheria	Poliomyelitis
England	78	80	80
Northumberland ..	82	82	82

AMBULANCE SERVICE

The work of this service which continued to increase, again brought about a certain amount of pressure on the operational and control staff and, as in previous years, the service was maintained by staff working overtime.

The number of day centres served by the ambulance service has not increased during the year but there has been a slight increase in the number of patients conveyed and in addition, the attendance of patients at the Renal Dialysis Units at the Royal Victoria Infirmary and Rye Hill hospitals has continued to increase and patients from Northumberland are also attending a hospital in Sunderland for this type of treatment. The times when these patients require transport frequently are those when only emergency ambulance cover is in operation.

	1969	1970	1971
Journeys	55,449	53,170	57,259
Patients	244,631	238,627	267,281
Mileage	1,766,503	1,751,331	1,831,946
Miles per patient ratio ..	7.4	7.3	6.8

The figures for 1971 show an increase in the number of patients conveyed by 29,654 : the mileage run increased by 80,615 and it is interesting to note that the miles per patient ratio showed a further decrease. This can be attributed to better utilisation of vehicles and improved co-ordination between control and stations.

During the past year improvements in staff accommodation were carried out at Seaton Delaval and Blyth Ambulance Stations and in July, 1971, the new Ambulance Control Centre at Wideopen became operational. With the introduction of this new control, a system of vehicle plotting was introduced on a visual control panel capable of controlling 70 mobiles. This panel consists of 4,608 lights with 4 controllers' switch panels consisting of 576 switches on each panel, with 2 panels to each controller. The layout of this visual panel is so designed to cover all ambulance movements between station areas and main hospital treatment centres. Incorporated in this panel are sections which can be utilised to record vehicles attending workshops for minor repairs and vehicles attending a major disaster. It is interesting to note that the new visual control panel design and specification was drawn up by a member of the control staff who undertook, with the assistance of an ambulance driver, the whole of its installation. The control consuls were fabricated, as were the switch panels by the Northumberland County Council Kitty Brewster Adult Training Centre, and the only items purchased from outside sources were switches, wire, perspex sheeting and the station and hospital indicator panels. The control officer concerned has been awarded an honorarium of £150.00 in acknowledgment of his original design and subsequent completion of the installation.

A Telex machine has been installed at the Wideopen Control Centre, and it is hoped to extend this service to other stations in the future.

At the time of transferring to the new control centre at Wideopen, the present radio equipment was due to be replaced. To comply with the Department of Post and Telecommunications regulations, new radio equipment was purchased and is now operated on the new recommended ambulance frequencies with a 6 channel spacing availability on mobile radios. To improve communications, 2 of these 6 channels are now operated to enable staff to control a maximum of 34 mobiles to one controller. The remaining 4 channels are available to meet the requirements as outlined in the Department of Health and Social Security's letter of 24th February, 1970, where it is envisaged that channel spacing should be utilised for regional and emergency operations.

Orders were placed for the following new vehicles :—

- 1 Bedford J. 1 Large Ambulance
- 1 Morris E.A. Large Ambulance
- 8 Bedford C.F. Van Ambulance Conversions.

The delivery of these vehicles improved on previous years and all were in service by the end of October, 1971.

In January, 1971, the County Ambulance Workshop's staff were transferred from Wideopen to the Fire Service Workshops at Morpeth and have now completed their first year of operation as an independent unit within these premises.

I should like to record my thanks to the Chief Fire Officer and his Workshops' Officer for the assistance given to the County Ambulance Officer during the transitional period. The demands made on the Workshops are ever increasing due to the increased mileage of the ambulance fleet and once again, I would like to compliment the Workshops staff on their efforts to maintain a high standard of work.

Three units of Entonox equipment have been purchased and are being used at Alnwick, Berwick and Wideopen Stations, where staff have been asked to report on its use with a view to extending the number of units in the future.

During the year 17 members of staff attended 6 week training courses at the West Riding of Yorkshire, Cheshire County Council and the North East Ambulance Training Schools. Thirty five members of staff also attended the North East Ambulance Training School on 2 week courses for staff with 2/5 years' service and further three attended 1 week refresher courses at the West Riding of Yorkshire Training School. One station officer attended the Cheshire County Council Training School on a 2 week course for Ambulance Instructors.

Teams from Berwick, Ashington, Seaton Delaval and Morpeth Ambulance Stations took part in the County Council's " Knock-Out " Competition. The Berwick team were successful in representing the authority at the Regional Competition and were placed 3rd. However, the attendant, Mr. J. Hargreaves went forward to represent No. 2 region in the Attendants Competition which was held at the Royal Hall, Harrogate.

In the National Safe Driving Competition 109 driving awards were gained by personnel out of a total of 136 entrants. The awards gained are as follows :—

Star Bar to 20 Year Brooch..	..	3
Special Bar to 15 Year Brooch	..	10
15 Year Brooch (Red)	..	1
15 Year Consecutive Brooch	..	2
Oak Leaf Bar	.. ..	13
10 Year Medal	.. ..	5
Bar to 5 Year Medal..	.. ..	23
5 Year Medal ..	.. ..	6
Diplomas	.. ..	44

PREVENTION OF ILLNESS, CARE AND AFTER-CARE

After the slight increase in new cases of tuberculosis mentioned in the report last year, figures for 1971 give the lowest ever number of new notifications and also the second lowest number of deaths. Cases of lung tuberculosis notified were 61, while the number of deaths from lung tuberculosis was 12.

CHEST CLINIC SERVICES :

The prevention of chest diseases is provided as a hospital service by the Regional Hospital Board and the six chest physicians shown on the list of staff attend clinics as necessary.

Tuberculin skin testing of contacts and children at risk has been carried out as part of this service and also by departmental medical officers. When necessary, vaccination by B.C.G. vaccine has been carried out. The summary of the year's work is as follows :

No. offered vaccination if required ..	6,939
No. refused	540
No. skin tested	5,900
No. showing positive response	770
No. showing natural positive response ..	182 (3.08%)
No. negative	4,968
No. B.C.G. vaccinated	4,935
Acceptance rate	92.2%

MASS MINIATURE RADIOGRAPHY :

Dr. J. R. Lauckner, Medical Adviser to the North Regional Mass X-Ray Unit has supplied information on the Unit's work in Northumberland during the year. Industrial firms, hospitals, colleges and old people's homes were visited and, in addition, sessions for the general public were held at seven centres.

A total of 3,190 persons were x-rayed and 96 were referred to the Chest Clinic for further investigation. Of these, one person received treatment for tuberculosis, 20 were kept under supervision, four chest tumours were identified and five persons were found to be suffering from a heart condition which was abnormal.

Venereal Diseases and Contact Tracing

The treatment of venereal diseases is provided by the Regional Hospital Board at centres in Newcastle, North Shields, and Carlisle and the returns provided by the Physicians in Charge show the number of new cases of syphilis increased from 12 to 16 and of gonorrhoea from 185 to 208.

Contact tracing is carried out by especially trained health visitors who also deal with defaulters from treatment and those who have difficulty in attending regularly.

The total number of contacts sought within the area was 88, 26 of whom were males. 27 were identified by contact tracers and 55 identified by patients themselves. 78 persons were involved, 2 patients named twice and another two named thrice.

Out of 56 patients examined, the results were as follows :—

	<i>Female</i>	<i>Male</i>
Syphilis ..	—	1
Gonorrhoea ..	32	14
Non-venereal ..	9	—

4 women were responsible for 10 infections.

patients lost sight of	1	..	—
failed to trace..	6	..	6
refusals.. ..	4	..	1
attended elsewhere	2	..	3
attended Ward 34	41	..	15

As well as visits to contacts, health visitors paid 80 visits to other patients, mainly defaulters from treatment and 6 patients were escorted to the clinic in an effort to promote regular attendance.

ANTE-NATAL SEROLOGICAL TESTS

There were 2,549 serological specimens submitted from the department's clinics for examination during the year.

One case of maternal syphilis was treated prior to delivery and one baby was subsequently tested and found to be free from infection.

Chiropody Service

The Council's arrangements for the provision of a chiropody service remained unchanged during the year. The number of patients treated was 11,788 and the number of treatments given was 42,303.

Voluntary schemes continued to give valuable help and financial grants were made to 26 voluntary committees providing these services.

Full details of the number of patients treated and of the treatments given are set out in Table 11 on page 77.

Renal Dialysis

The Council has financed property alterations to provide home renal dialysis facilities requested by the Hospital Authorities for four patients who are now dialysing satisfactorily within their own homes. Costs for the adaptations have ranged from £290 to £960 depending on the work involved. Consideration is taken of the patient's means and where applicable some contribution is obtained towards the capital cost involved. From the outset of the receipt of an application for these facilities, the time for suitable accommodation being made available is six — eight weeks.

HEALTH EDUCATION

A high level of activity in all aspects of health education was maintained during the year. It is regrettable that interest in some subjects waned, but this was offset by increased interest in others.

As in previous years, the activities covered a wide range of topics. The demand for health education lectures in the clinics and schools was met by the school medical officers, school dental officers and health visitors and for lectures in the evenings, with the additional assistance of the district nursing staff, the County Health Inspector and the County Ambulance Officer.

During the year two new films were purchased, the first entitled "Ready for Baby" was used extensively at ante-natal classes and on a few occasions to school children. "Living with Electricity" was added to the stock of Home Safety films. Continued efforts are made to add suitable film material to the library and these two purchased extend an already varied selection.

The 8 mm. loop projectors and 35 mm. projectors are in constant use in clinics and schools and a good selection of loops and film strips are held in the Health Department and clinics.

Sound films continued to play an important role in the execution of formal health education and the three machines at present available were in constant use throughout the County.

Although the reporting of health education is largely based on the organised and formal session the importance and effectiveness of personal contact with members of the public should not be overlooked, as a great deal of knowledge and help is given in this way.

The mainstay of the school work continued to be mothercraft classes and from this stemmed other subjects, the most common of these being smoking and health, drug addiction, sex education (including venereal disease) personal hygiene and human development. Valuable work in health education is carried out during medical examinations when the school medical officer has an opportunity of talking to both mother and child.

Dental hygiene talks and film shows are carried out by the dental officers. Extensive use is made of the 16 mm. film unit and well stocked library. Consideration was given during the year to the setting up of a mobile dental health exhibition and it is hoped to report on its successful introduction next year.

Small displays, posters and leaflets all play a part in health education and the clinics utilize these media to the fullest extent changing the topics regularly.

The figures following this report give an indication of the use made of the 16 mm. sound film projectors. Providing new film material becomes available the sound film units will continue to be the most popular visual aid.

Group	Year	Screenings				AUDIENCE				TOTALS	
		Clinics	Schools	Mothers Club	Others	Clinics	Schools	Mothers Club	Others	Screenings	Audience
Ante-Natal ..	1970 1971	139 160	13 5	3 —	3 —	1,099 1,632	444 83	72 —	38 —	158 165	1,653 1,715
Mothercraft ..	1970 1971	44 68	22 27	— —	— —	439 772	495 561	— —	— —	66 95	934 1,333
Child Development	1970 1971	50 48	46 57	28 22	8 10	306 474	968 1,294	530 536	176 180	132 137	1,980 2,484
Cancer Prevention ..	1970 1971	— —	17 17	— 2	6 —	— —	864 724	— 24	122 —	23 19	986 748
Sex Education	1970 1971	— 2	80 44	3 —	3 1	— 23	2,578 1,668	96 —	200 10	86 47	2,874 1,701
Home Safety ..	1970 1971	— —	42 22	9 12	47 42	— —	1,058 647	281 272	1,006 1,709	98 76	2,345 2,628
Health and Hygiene ..	1970 1971	— 2	7 1	1 8	3 4	— 38	164 15	18 261	92 55	11 15	274 369
Drugs ..	1970 1971	— —	4 —	— —	— 3	— —	176 —	— —	— 84	4 3	176 84
Health Services	1970 1971	— —	1 3	3 9	6 11	— —	16 74	57 146	169 251	10 23	242 471
TOTAL ..	1970	233	232	56	79	1,844	6,763	1,315	1,898	601	11,820
TOTAL ..	1971	280	176	53	71	2,939	5,066	1,239	2,289	580	11,533

ADDITIONAL SPECIAL MEDICAL ASSESSMENTS**REGULATION 22 (2) OF THE MOTOR VEHICLE (DRIVING LICENCES)
REGULATION, 1970**

In 1971 I was asked for a medical opinion on a total of 91 applications for driving licences. The majority of these related to persons suffering from epilepsy, who were on treatment but who had had no attack for three years.

After consultation with the applicants' medical advisers, driving licences were recommended in 76 of these cases, 14 were refused and one case was referred for a driving test.

Of the 91 original applications, 22 were non-epileptic, the majority suffered from attacks of giddiness, anxiety states and physical disabilities. Three of these non-epileptic persons were considered unsuitable to hold a driving licence.

The total number of medical opinions sought in 1970 was 55.

ENVIRONMENTAL SERVICES

HOUSING

From Table 17 it will be seen that during 1971, 3,937 new houses were built in the County, a figure very similar to the previous year's 3,895. Local authority houses, at 1,460, were 100 less than in 1970 and for the first time in 20 years there was no "over-spill" building by Newcastle Corporation. On the other hand private enterprise produced 2,132 new dwellings, an increase over last year's 2,054, which was itself a record for any year since the war.

SLUM CLEARANCE

Clearance of unfit houses in the County is proceeding more or less according to programme. In the year under review 1,102 houses were discontinued (Table 18), 1,071 of these by formal action under the Housing Acts. Six county districts now report no unfit houses remaining for demolition and a further eight expect to have dealt with all outstanding unfit properties by the end of 1973. This will leave an estimated 1,400 houses to be dealt with after that date, nearly all in the industrial districts where the problem has been more formidable. It is, of course, possible that with continually rising standards this figure may be added to as further properties deteriorate — a lot will depend on action under the next following paragraph.

IMPROVEMENT GRANTS

A most important development during the year was the passing of the Housing Act, 1971, making available for a very limited period a 75% grant to owners in certain areas of the country. Northumberland County was one of the areas so designated and the impact on grant-aided improvement work, as was intended, has been significant. By the end of 1971 with less than a full year under the new legislation, the total applications received by district councils in the County had increased to 1,745 as compared with just over 1,000 in 1970. However, houses actually improved in this way were 967 for the year and it therefore began to look as though the deadline of 23rd June, 1973 and the extreme pressure on the building industry might find many owners willing but frustrated. As this report is being written it has been announced that the closing date for the increased grant has been postponed for twelve months.

Progress with general improvement areas under the 1969 Housing Act is still somewhat tentative, but in addition to the two areas noted last year, a further three have been declared in 1971 by two other authorities — Ashington and Seaton Valley — making a total of five areas containing over 1,000 houses altogether.

Standard grants available as of right for the provision of certain basic services to otherwise sound properties continue to have their place in housing improvement work and the total in the County during 1971 was 456. In addition the improvement of council houses to modern standards has taken a sudden leap forward. Most of the county district authorities have now embarked on grant-aided schemes of modernisation of their estates and over 1,000 local authority dwellings were so dealt with during the year. Details will be found in Table 19.

WATER SUPPLIES

There was no change in the arrangements for water supply during the year. The County is served by two statutory undertakings whose areas of supply are as follows :—

NEWCASTLE AND GATESHEAD WATER COMPANY : The Boroughs of Berwick, Blyth and Wallsend ; the Urban Districts of Alnwick, Amble, Gosforth, Hexham, Longbenton, Newburn, Prudhoe and Seaton Valley ; the Rural Districts of Alnwick, Belford, Bellingham, Castle Ward, Glendale, Haltwhistle, Hexham, Norham and Islandshires and Rothbury. (A small part of the extreme south of Hexham Rural District is, as a matter of convenience, included in the statutory area of the Durham County Water Board.)

TYNEMOUTH CORPORATION : The Boroughs of Morpeth and Whitley Bay ; the Urban Districts of Ashington, Bedlingtonshire and Newbiggin ; the Rural District of Morpeth.

There are no major water supply schemes still to be carried out within the County. Only a few small isolated centres of population remain not served by statutory undertakers ; some of these are being dealt with by minor schemes now in progress but there will be a limit to how far this process may continue because of the high cost in relation to the number of properties served.

The bacteriological examination of water is undertaken by the Public Health Laboratory at the General Hospital, Newcastle upon Tyne. Copies of the reports on water samples taken by authorities in the administrative County were received in the department and unsatisfactory results were investigated. 694 samples were taken during the year from public and private supplies as compared with 862 in 1970. 567 were satisfactory and 127 (or 18% of the total) unsatisfactory, of which most were from individual private supplies under special investigation. The percentage unsatisfactory for the preceding year was 16%.

FLUORIDATION

There were no further developments during 1971. At the end of the year fluoridation had been in operation for over two years on two main sources of supply in the County by the Newcastle and Gateshead Water Company on behalf of the County Council. The first, based on the Whittle Dene/Throckley supply provided fully fluoridated water to about 100,000 of the County population with a further 30,000 estimated persons receiving partly fluoridated water where the supply was mixed with that from the Coquet Water Board. The second and smaller scheme was based on the Gunnerton filter plant supplying the North Tyne Valley to the south west of the County and a small part of Cumberland. Here only an estimated 12,000 persons were receiving fluoridated water undiluted.

A constant check is maintained of the fluoride level in the supplies by the Water Comapny and by the County Health Department with a full exchange of information between the two sides. The results obtained on 114 samples examined by the Palin A-Z test in the department showed that the levels were maintained within the acceptable 10% variation and no evidence of overdosing was found.

SEWERAGE AND SEWAGE DISPOSAL

Completed during the year were the Hexham R.D.C.'s two major schemes for the mid-Tyne area, including a new central works at Broomhaugh and the connection of the Ovingham/Wylam area to the enlarged works provided by Prudhoe U.D.C. for this purpose and to cope with new industrial development within its own area. These two schemes will relieve areas of considerable difficulty which have become increasingly apparent in recent years.

The result of the Ministry Inquiry held early in 1970 into the Tyneside Joint Sewerage Board's proposals for the tidal estuary became known in March. Because of objections by an industrial undertaking adjoining the proposed treatment works based on possible emission of H_2S from the works, the Department of the Environment were at first minded to refuse permission and reopened investigation into the possibility of an extended sea outfall. This was locally felt to be unacceptable and would probably have meant still further delay. However, after detailed discussions the original scheme for partial treatment at Howdon with sludge dumped at sea was found capable of modification to take account of the objections and it is now hoped that work may be commenced during 1972, the completion time being of the order of five years, at a cost now estimated at over £45,000,000. Six local authorities in the administrative County are participating members of the Board.

Information released by the Department of the Environment during the year relative to sewerage in rural areas makes possible some interesting comparisons. It is estimated from a recent survey that 75% of properties in rural districts in England are already connected to sewers and proposals for the next ten years will raise this to 85%. The corresponding figures for Northumberland are 73% and 77.3%, which of course reflects the way the population is so thinly spread in some parts of the County. As a matter of interest, Castle Ward and Morpeth Rural Districts, with no further schemes envisaged, have at the moment percentages of 92.2 and 83.0 respectively. At the other end of the scale comes Norham and Islandshires R.D. with only 25.5% already sewered, expected to increase to 50.6%, and Rothbury R.D. having 47.1%, and an eventual 52.6%.

RURAL WATER SUPPLIES AND SEWERAGE ACTS 1944 — 71

Schemes Submitted for Approval

The following schemes were considered by the Health Committee for grant aid under the Acts :—

Berwick Borough	Water supply scheme for rural area north of the River Tweed	£33,329
Alnwick Rural District	Sewerage scheme for Newton-by-the-Sea Village to connect to existing works at Embleton	£97,000
	Sewerage and sewage disposal scheme for Eglington Village	£67,000
Haltwhistle Rural District	Sewerage and sewage disposal scheme for Knaresdale Village	£12,456
	Sewerage and sewage disposal scheme for Slaggyford Village	£15,418
	Sewerage and sewage disposal scheme for Harperton	£8,660
	Sewerage and sewage disposal scheme for Plenneller	£5,921
	Extensions and improvements to sewage disposal works for Haltwhistle Town ..	£23,880
Seaton Burn Joint Sewerage Board	Relaying and enlargement of trunk sewer and provision of disintegrator station at sea outfall	£1,276,000

The two schemes for Alnwick R.D.C. were referred back for further consideration because of the extremely high cost per property served. In the case of the Seaton Burn joint sewer that part of the proposals relating to provision of a disintegrator was not approved on the grounds that sewage treatment should be provided in place of the existing sea outfall.

Work in Progress

The following are details of work in progress during the year with some indication of the stage reached by 31st December :

<i>District</i>	<i>Scheme</i>	<i>Progress</i>
Whitley Bay Borough	Red House Farm off-site sewer	50%
Bedlingtonshire Urban.	Main drainage scheme (Central Valley) ..	37%
Longbenton Urban	Relief sewer, Cranwell Drive, Wideopen ..	75%
Belford Rural	Water main extensions to northern area ..	10%
Bellingham Rural	Sewerage scheme for West Woodburn (South side)	75%
Hexham Rural	Water supply scheme, Keenley	90%
Rothbury Rural	Sewerage scheme, Thropton and Snitter ..	Commenced

Schemes completed during the year

<i>District</i>	<i>Scheme</i>	<i>Month</i>
Ashington Urban	Summerhouse Lane — relaying of subsided trunk sewer	December
Longbenton Urban	Detailed central area redevelopment — off-site sewer	November

Prudhoe Urban	Sewage disposal works (joint with Hexham R.D.C.)	December
Belford Rural	Sewerage scheme with sea outfall, Bamburgh	December
Hexham Rural	Water supply scheme, Bingfield	November
	Water supply scheme, Great Swinburne	December
	Mid Tyne sewerage scheme :	
	Phase I (Corbridge/Stocksfield sewers) ..	March
	Phase II (Ovingham/Wylam)	October
	Sewerage and sewage disposal works, Ropehaugh	June

CLEAN AIR ACTS 1956 — 1968

The accompanying table shows the position as to smoke control in the County at the end of 1971.

<i>County District</i>	<i>No. of Areas</i>	<i>Acreage Controlled</i>	<i>Properties Controlled</i>
Wallsend Borough	5	1,034	4,648
Whitley Bay Borough ..	6	1,850	5,660
Longbenton Urban (Killingworth New Town)	2	538	1,745
Newburn Urban	13	999	8,867
Seaton Valley Urban (Cramlington New Town)	1	1,960	3,201
Castle Ward Rural	1	304	3,198
	28	6,685	27,319

This table shows an increase of five areas and nearly 8,000 properties since 1970, indicating that the setback due to fuel shortage has been only temporary. The only difficulties reported during the year were in areas designated prior to 1963 and relying on soft coke. Since that date this type of fuel has not been taken into account in the local authorities' programmes. Three further areas were confirmed during the year to come into operation in 1972.

MILK AND DAIRIES

Milk (Special Designation) Regulations, 1963 Milk (Special Designation)(Amendment) Regulations, 1965

The Council as food and drugs authority has the duty of licensing and supervision of all dealers in designated milk and this work is carried out within the department, together with supervision of milk treatment plants, specified area enforcement, etc. Wallsend Borough and the Longbenton Urban District Council are separate authorities for this purpose.

The designations permitted under the regulations are "Untreated", "Pasteurised", "Sterilised" and "Ultra Heat Treated."

DEALERS LICENCES

Changes in the number of licences in force are shown in the accompanying table :—

	Total at beginning of year	New Licences during year	Licences cancelled during year	Total at end of year
Licence to bottle Untreated Milk (Form B)	9	—	—	9
Pasteuriser's Licence (Form C) ..	5	—	—	5
Steriliser's Milk (Form D) ..	2	—	—	2
Dea.er's Licence for Untreated, Pasteurised, Sterilised and Ultra Heat Treated Milk ..	557	32	5	584

Milk sampling and the inspection of dealers' premises are carried out by the County Health Inspector and during the year 412 visits were paid to dealers other than licensed processors as compared with 512 in the previous year when the total was higher than usual due to work incidental to the 5-yearly renewal of licences. Only a few minor contraventions of the Regulations were noted and these were dealt with by informal action.

PRODUCERS' LICENCES

These continued to be the responsibility of the Ministry of Agriculture, Fisheries and Food through their County officer, to whom I am indebted for the figures quoted in this paragraph. The number of farms in the County registered for milk production at the end of the year was 500 compared with 523 for the previous year. As a matter of interest, this figure has decreased by one-half since 1958.

All herds are now attested and licences are only necessary for those 105 producers who dispose of milk by retail or as "farm-bottled."

MILK SAMPLING — STATUTORY

The total number of samples taken during the year was 1,354 as compared with 1,387 in 1970. Once again it can be reported that no failures were recorded in respect of the Phosphatase test for Pasteurised milk, indicating that the correct standard of heat treatment was being achieved.

With regard to keeping quality, as indicated by the Methylene Blue test, the proportion of failures was slightly higher than in the previous year, particularly in respect of Untreated milk. Liaison is maintained with the Ministry of Agriculture's local office in order that any action necessary may be taken at point of production. Fortunately, the amount of raw milk sold in the County appears to be decreasing year by year.

	Passed	Failed	Void	Total
Untreated Milk				
Methylene Blue Test	103	30	—	133
Pasteurised Milk :				
Methylene Blue Test	533	40	7	580
Phosphatase Test	580	—	—	580
Sterilised Milk ..				
Turbidity Test	46	—	—	46
Ultra Heat Treated Milk				
Plate Count	15	—	—	15
	1,277	70	7	1,354

Milk Sampling — Biological — *Brucella Abortus*

The number of milk samples taken by District Councils' Health Departments for examination for *Brucella Abortus* was 216 from 58 different herds. The frequency of sampling was lower than recommended by the former Ministry of Health circular 17/66 and moreover the pattern of sampling over the County was very uneven. In addition the County Health Inspector took 58 samples from the supplies of 32 dealers. Both figures are a reduction from the 1970 level, but this is to be expected, since as a matter of policy it has been decided within the County that when a producer has been accepted on to the Ministry of Agriculture's brucella-free list there is no point in continuing local authority milk testing. To this end, improved arrangements for the exchange of information were agreed with the Ministry's Animal Health Division towards the end of the year. Out of all these samples, 22 were reported as positive or doubtful to the Milk Ring Test, but in only 2 cases was actual infection confirmed by direct culture. (The 1970 results gave 20 positive, 7 confirmed). The 2 cases were dealt with informally by the local medical officers of health diverting the milk supply for heat treatment until the offending animals had been identified and removed. Formal notices under the Milk

and Dairies Regulations were not found necessary. Two of the unconfirmed cases were in herds specially investigated following a report of a human case of Brucellosis in a farm worker and the inconclusive laboratory result was, therefore, somewhat disappointing, although the infection could well have been otherwise than by way of milk.

Progress towards elimination of brucellosis continues slowly. At national level the Ministry of Agriculture were able during 1971 to designate the first compulsory eradication areas in the country. Unfortunately Northumberland is unlikely to be very early in the field in this direction, but the number of herds recorded locally on the Ministry's Accredited or Incentives Scheme lists as brucella-free increased during the year from 91 to 149, which it may be noted represents about 30% of all farms producing milk in the County. Of these, 36 were holders of "Untreated" licences, and this is over one-third of the total number of producers selling milk unpasteurised. Having regard to the amount of testing and supervision this represents to the Animal Health Division veterinary staff during the year, it is not an inconsiderable achievement. It is, however, disturbing to see the same producers' names appearing year after year among the list of brucella-positive samples mentioned above, and the chances of such producers achieving "Accredited" status before eradication becomes compulsory are obviously not very high.

TUBERCULOSIS

Biological testing for tuberculosis is not now carried out as a routine in the County except for school milk supplies, hospital farms and very occasional samples from other producer-retailers. During the year 22 samples were tested, all being negative. No case of tuberculous milk has occurred in the County for over thirteen years.

PASTEURISING PLANTS

The number of licensed pasteurising plants in the County remained at 5 during the year, having daily throughputs varying from 1,300 to 14,500 gallons. All the plants were of modern design operating on the H.T.S.T. system, the total quantity of milk treated being about 24,000 gallons per day.

Pasteurised homogenised milk is processed at two of the dairies, one of which also pasteurises a limited quantity of Channel Islands milk.

The dairies concerned were regularly inspected by the County Health Inspector 117 visits being made for the purpose and 163 samples of milk being taken at the plants. All samples satisfied the Phosphatase test for efficiency of heat treatment, but 3 cases occurred of Methylene Blue failure indicating low keeping quality.

All of these were from the same establishment and were of homogenised milk. Detailed investigation failed to bring to light any obvious reason for these failures but this type of milk appears in the light of experience to be susceptible to earlier spoilage. The position had returned to normal by the end of the year. The processing plants were maintained in good condition and only minor matters required to be brought to the notice of dairy management.

One prosecution was recorded by a district council against one of the dairies for an imperfectly-cleansed bottle, resulting in a £25 fine. The dairy concerned has since installed an electronic bottle scanner, the second in the County to do so. This is a desirable development where fully automated bottle lines are employed, but it must be remembered that these machines have their limitations.

STERILISING PLANTS

Two plants were in operation for milk sterilising, one consisting of the conventional oven batch treatment, the other being an ultra-high temperature plant working in conjunction with a continuous in-bottle steriliser.

48 visits were paid to the dairies during the year and 47 samples taken direct from the plants all satisfied the turbidity test.

SPECIFIED AREA

The Council as food and drugs authority are responsible for enforcement of the specified area scheme, which forbids the sale of milk otherwise than under one of the special designations, i.e. "Untreated", "Pasteurised", "Sterilised", or "Ultra Heat Treated." This legislation appears now to be accepted as a matter of course and the only sort of contravention met with is the very occasional failure of producer-retailers to use the properly worded bottle caps, usually due to non-delivery by their suppliers.

Exception is made as a last resort for the issue by the Ministry of a "consent" to a retailer to dispense with the requirements of the Order where there is no possibility either of the immediate grant of a producer-retailer licence or of an alternative supply of milk and at the end of the year two such "consents" were in operation. The amount of milk represented by these was very small.

Milk in Schools Scheme

All pupils entitled to milk under the Government's revised arrangements were being supplied with fresh milk at the end of the year with the exception of one very small isolated school where no suitable arrangements could be made. All sources of supply were subject to prior approval by the Department and samples from all sources were taken for examination. The general rule is for Pasteurised milk in $\frac{1}{3}$ rd pint bottles with straws but in the

case of 17 rural schools in remote situations an approved untreated supply had to be accepted. This is one less than for the preceding year and the number of pupils concerned is a very small proportion of the total. Some of these schools are in any case due for closure in the near future. The following table shows the results of samples taken during the year :—

	Passed	Failed	Void	Total
<i>Untreated Milk</i>				
Methylene Blue Test	20	5	1	26
<i>Pasteurised Milk</i>				
Methylene Blue Test	91	12	5	108
Phosphatase Test	108	—	—	108

In the case of Untreated milk, routine tests were also carried out for Tuberculosis and Brucellosis, with negative results. A sample survey showed that of the pupils entitled to milk 93.4% were availing themselves of the service on a given day.

ICE CREAM

Ice Cream (Heat Treatment etc.) Regulations, 1959

District Councils submitted 387 samples to the Public Health Laboratory during the year for Methylene Blue testing as compared with 426 the preceding year. The results continued to be satisfactory.

261 samples or 67% of the total were classified as Grade I, and 70 or 18% as Grade II. The recognised standard suggests that taken over a period, 50% should reach Grade I and 80% Grades I and II combined. Only 30 samples representing 8% of the total were reported as Grade IV or unsatisfactory. Ice lollies can be subjected to a similar test to that for drinking water and of 13 so examined all showed a satisfactory state of sterility. 12 districts submitted no samples during the year.

SWIMMING POOLS

There is an increasing interest on the part of Councils all over the country in the provision of public swimming pools. Six have been opened in Northumberland during the past few years, making a total of 8 County District Authorities who make such facilities available, and others are known to have pools under construction or on the drawing board. This represents a welcome contribution to physical fitness. From these 8 pools and from 3 privately owned which are occasionally available to the public, District Councils submitted 172 samples of water during the year. 11 of these failed to reach the acknowledged standard for swimming pools water and were the subject of further action by the District Public Health Inspectors.

The Education Committee maintain 8 learner swimming pools at schools in the County. All are equipped with full water treatment plant, comprising diatomaceous earth filters and automatic dosing apparatus using liquid hypochlorite for sterilisation. Each pool is under the care of a full-time swimming instructor who is also responsible for the plant operation. Routine supervision continued to be carried out by the County Health Inspector, who during the year made 75 inspections checking the free residual chlorine and pH of the water and examining the pool log books. Instructors are advised to maintain break-point chlorine conditions. 17 samples of water were taken for bacterial examination of which 3 failed to reach the "highly satisfactory" standard for swimming pool water. The necessary adjustments of plant, etc., were attended to. The proportion of unsatisfactory samples is not a true indication of the standard of maintenance: samples were only taken when conditions suggested the need for further investigation. If a satisfactory high residual chlorine is evident, there should be no significant bacterial activity in the water. The small open-air fill-and-empty pool at Bellingham Camp Secondary School continued to be satisfactorily maintained when in use during the summer months.

FOOD AND DRUGS ACT, 1955

(Mr. C. L. ARLIDGE)

During the year ended 31st December, 1971, the County Sampling Officers procured a total of 2,869 samples of articles of food and submitted them to examination for compliance with the Food and Drugs Act, 1955, the Preservative Regulations and the Labelling of Food Order, 1953.

The articles may be summarised as follows :—

<i>Article</i>	<i>No. Taken</i>
Beer, Wines and Spirits	60
Butter, Margarine, Lard, Cooking Fats, Cheese (including Processed Cheese)	93
Drugs, Medicines and Household Medicaments	32
Fresh Fruit, Fresh Vegetables, Dried Fruit, Tinned Fruit and Vegetables	69
Ice Cream	22
Jams, Preserves, Honey and Jellies	73
Milk and Cream	1,723
Pickles, Sauces, Vinegar and Condiments	49
Sugar, Sugar Confectionery, Flour Confectionery, Chocolate, Chocolate Confectionery and Cereals	161
Tea, Coffee, Cocoa, Beverages, Minerals and Cordials	104
Tinned Meats, Meat, Meat Products (including Sausages), Fish, Fish Products, Fish and Meat Pastes	296
Miscellaneous	187
TOTAL	2,869

Samples Reported by the Public Analyst to be unsatisfactory

<i>Name of Article</i>	<i>Analyst's Report</i>	<i>Action Taken</i>
Pasteurised Processed Cheese	Contained excess moisture	Produced in Holland. To be re-labelled Medium Fat Processed Cheese.
Shredded Beef Suet	Deficient in fat content.	A further sample was taken and found to be genuine.
Fluffy Mashed Potato	Description inappropriate for a dehydrated product	The manufacturers undertook to re-design their label.
Condensed Full Cream Milk (Informal)	5.1% deficient in milk solids.	A follow-up Formal sample proved to be genuine.
Pre-packed Dried Soup Mix	Ingredients listed in wrong order.	Labels to be rectified.
Pre-packed Dried Soup Mix		
Choco Express	Declared Preservative not present.	Investigations reached an unsatisfactory conclusion. All attempts at obtaining a further sample have proved abortive.

<i>Name of Article</i>	<i>Analysts Report</i>		<i>Action taken</i>
Shortbread	Contained no butter fat.	Product of Holland. Article to be re-named
Creamed Mashed Potato		Description inappropriate for an article requiring reconsti- tution by the addition of water.	Production discontinued.
Beef Sausage	Contained an undeclared Preservative.	The Producer warned to label the sausages as containing Preser- vative.
Steak Mince Pie (Informal)	Deficient in meat content.	A Formal sample found to be genuine.
Potted Meat	Deficient in meat content.	The Product to be re- named Brawn.
Full Cream	2.6% deficient in milk solids.	Reported to Irish Dairy Board.
Evaporated Milk			
Boneless Chicken in Natural Jelly	4.6% deficient in meat con- tent.	Produce of Holland. The foreign manufac- turers gave an under- taking to comply with British Standards.
Milk	6.6% deficient in milk fat	These samples were taken from two churns, being part of a con- signment of six churns The average fat con- tent of the total con- signment was satis- factory.
Milk	3.3% deficient in milk fat	
Potato Crisps with added Protein	The amount of added protein was insufficient to justify the claim "with added protein."	The manufacturers ag- reed to discontinue the claim.
Vanilla Dessert	Ingredients not listed in cor- rect order.	Importation has ceased and the product with- drawn from the mar- ket.
Ice Cream			
Ice Cream	{	..	The vendors were war- ned to exhibit the necessary notices.
Ice Cream			
Ice Cream			
Ice Cream			
Milk	Contained 0.08 international units of penicillin per ml. (Accepted (non-statutory) limit is 0.05 I.U. per ml.)	The producer was cautioned.
Apple and Strawberry Jam		3.5% deficient in soluble solids	Old stock. Date of production could not be traced by the producers.
Pork Sausage	7.1% deficient in meat.	Manufactured for ca- tering purposes. The salesman was at fault in making the sale to the retail shopkeeper.
Condensed Full Cream Milk		2.0% deficient in Milk Solids	Production of the pro- duct, which originated in Eire, has ceased for the present time.

<i>Name of Article</i>	<i>Analyst's Report</i>	<i>Action taken</i>
Corned Beef	.. A discoloured area contained 800 p.p.m. of iron.	As the container had been destroyed, the source of iron could not be proved but it would seem that a corroded container was responsible. The customer was suitably compensated
Canned Chopped Pork	} All these samples were slightly deficient in meat.	Product of Yugoslavia. New Quality Control System instituted at factory in Yugoslavia.
Canned Chopped Pork		
Canned Chopped Pork		
Beef Sausages	.. Contained undeclared Preservative.	The manufacturers were cautioned.
Creamed Macaroni	.. Milk not declared in listed ingredients.	Unsold stock withdrawn for re-labelling.
Milk Pudding	..	Label to be amended.
Krunchi Creams	.. These biscuits are incorrectly described as " Made with Pure Butter " as the Butterfat content was only 49% of a total fat content of 17.4%.	
Starch Reduced Digestive Sweetmeal Biscuits	As the label bore the statement " For slimming diets in in which the total intake of calories is controlled " the calorie content should be declared.	The manufacturers have undertaken to include the calorie content of the biscuits on their new labels.
Meat Square	A meat and vegetable pie incorrectly described.	The retailer was cautioned.

Prosecutions

The County Council is the Food and Drugs Authority for the whole of the County except the Borough of Wallsend and the Urban District of Longbenton. The deliberate adulteration of milk with water, an offence which was prevalent for very many years, is now virtually non-existent in Northumberland. Several years have elapsed since the detection of the last case of adulteration. A considerable proportion of the County's milk production is now collected by " bulk tank " vehicles from which samples are taken regularly, in addition to the sampling of milk conveyed by the traditional churn.

None of the samples of other Foods reported as unsatisfactory, could be said to be adulterated. The irregularities were mainly confined to the field of labelling and advertising, special attention being given to the examination of the contents of pre-packed products to ensure that they agree with illustrations appearing on labels, in advertisements in the Press and on the Television screen.

In view of world wide concern over the discovery of mercury in samples of canned fish, a sampling exercise, covering fish caught and landed by local fisherman, was carried out. Although mercury was detected in all the samples, the level was well below the limit of acceptability adopted by those nations who have carried out extensive investigations into this matter. Further sampling will be undertaken at intervals in the future, to study the effectiveness of anti-pollution measures.

TABLES
OF
STATISTICS
1971

TABLE 1
ADMINISTRATIVE COUNTY OF NORTHUMBERLAND
POPULATION YEAR 1971

BOROUGHES :

Berwick	..	..	..	..	..	..	11,650	
Blyth	..	..	..	..	..	..	34,800	
Morpeth		..	..	..	..	..	14,240	
Wallsend			..	..	..	..	45,950	
Whitley Bay	..	..	..	..	..	..	37,890	
							<hr/>	144,530

URBAN DISTRICTS :

Alnwick	.	..	..	..	..	..	7,220	
Amble	.		..	..	..	..	4,770	
Ashington	..	..	..	..	..	..	25,300	
Bedlingtonshire	..	..	..	..	..	..	28,230	
Gosforth	..	..	..	..	..	..	27,140	
Hexham	..	..	..	..	..	..	9,950	
Longbenton	..	..	..	..	..	..	49,180	
Newbiggin-by-the-Sea		..	..	..	..	..	10,570	
Newburn	..	..	..	..	..	..	39,260	
Prudhoe	..	..	..	..	..	..	11,040	
Seaton Valley	..	..	..	..	..	..	32,460	
							<hr/>	245,120

RURAL DISTRICTS :

Alnwick	..	..	..	..	..	..	11,250	
Belford	..	..	..	..	..	..	4,590	
Bellingham		..	..	..	..	..	4,730	
Castle Ward	..	..	..	..	..	..	36,230	
Glendale	..	..	..	..	..	..	6,180	
Haltwhistle	..	..	..	..	..	..	6,700	
Hexham	..	..	..	..	..	..	21,230	
Morpeth	16,750	
Norham and Islandshires			3,490	
Rothbury	4,920	
							<hr/>	116,070

TOTALS					<hr/>	505,720
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TABLE 2
VITAL AND MORTALITY STATISTICS.

YEAR.			Birth rate per 1,000 living.	General death rate per 1,000 living.	Infant mortality rate per 1,000 live births.	Death Rate from Respiratory Tuberculosis per 1,000 living.	Death Rate from Cancer (excluding Leukaemia Aleukaemia) per 1,000 living.
1942	..	..	16.39	11.59	54.00	0.39	1.59
1943	..	..	17.61	12.50	56.00	0.51	1.72
1944	..	..	19.87	12.16	48.00	0.50	1.86
1945	..	..	17.58	12.24	50.00	0.47	1.84
1946	..	..	19.74	11.98	48.00	0.49	1.73
1947	..	..	20.66	12.14	43.00	0.44	1.77
1948	..	..	18.04	11.13	40.00	0.43	1.74
1949	..	..	17.52	11.92	36.00	0.37	1.82
1950	..	..	16.69	12.24	36.60	0.28	1.75
1951	..	..	16.46	12.58	32.49	0.24	1.82
1952	..	..	16.08	11.25	29.37	0.17	1.92
1953	..	..	16.90	11.78	28.46	0.16	1.89
1954	..	..	16.26	12.23	27.03	0.15	1.95
1955	..	..	16.34	12.06	26.75	0.15	1.92
1956	..	..	16.51	11.87	25.80	0.11	1.90
1957	..	..	16.68	11.49	23.51	0.06	1.87
1958	..	..	17.08	12.05	24.03	0.06	2.03
1959	..	..	17.23	11.56	23.58	0.04	1.90
1960	..	..	16.66	11.80	20.28	0.05	1.95
1961	..	..	16.75	11.97	19.75	0.06	1.93
1962	..	..	17.20	12.23	23.28	0.05	2.08
1963	..	..	17.13	12.52	20.79	0.05	1.99
1964	..	..	16.80	11.76	20.11	0.03	2.10
1965	..	..	16.13	12.38	16.05	0.03	2.15
1966	..	..	15.08	12.29	20.10	0.02	2.14
1967	..	..	14.76	11.63	17.61	0.02	1.99
1968	..	..	14.21	12.70	16.46	0.01	2.35
1969	..	..	13.81	12.40	15.61	0.03	2.34
1970	..	..	13.98	12.54	16.05	0.03	2.31
1971	..	..	14.89	12.37	13.55	0.02	2.41

TABLE 3
GENERAL STATISTICS

	NUMBERS			RATES		
	Boro's and Urban Districts	Rural Districts.	Total for County.	Boro's and Urban Districts.	Rural Districts.	Total for County.
Population	389,650	116,070	505,720			
Births (Live)	6,048	1,480	7,528	15.52	12.75	14.89
Legitimate	5,676	1,402	7,078	14.57	12.08	14.00
Illegitimate	372	78	450	0.95	0.67	0.89
				(per 1,000 population)		
Births (Still)	70	15	85	11.44	10.03	11.17
Legitimate	67	14	81	11.67	9.89	11.31
Illegitimate	3	1	4	8.00	12.66	8.81
				(per 1,000 Registered Births)		
Births (Live and Still) ..	6,118	1,495	7,613	15.70	12.88	15.05
Legitimate	5,743	1,416	7,159	14.74	12.20	14.16
Illegitimate	375	79	454	0.96	0.68	0.90
				(per 1,000 population)		
Deaths (Total)	4,715	1,542	6,257	12.10	13.29	12.37
				(per 1,000 population)		
Deaths of Infants under 1 year of age	86	16	102	14.22	10.81	13.55
Legitimate	75	14	89	13.21	9.99	12.57
Illegitimate	11	2	13	29.57	25.64	28.89
				(per 1,000 live Births).		
Deaths of Infants under 4 weeks of age	62	10	72	10.25	6.76	9.56
Legitimate	56	8	64	9.87	5.71	9.04
Illegitimate	6	2	8	16.13	25.64	17.78
				(per 1,000 live Births).		
Deaths of Infants under 1 week of age	53	8	61	8.76	5.41	8.10
Legitimate	47	6	53	8.28	4.28	7.49
Illegitimate	6	2	8	16.13	25.64	17.78
				(per 1,000 Live Births)		
Maternal Deaths	—	—	—	—	—	—
				(per 1,000 Births Live and still)		

	Births	Deaths
Comparability Factors	1.01	1.03
(Administrative County)		
Rates per 1,000 Population		
after adjustment	15.04	12.74

TABLE 4

BIRTHS (LIVE AND STILL)

COUNTY DISTRICTS.	LIVE.					STILL.					Total Births Live and Still.
	Leg.		Illeg.		Total	Leg.		Illeg.		Total	
	M.	F.	M.	F.		M.	F.	M.	F.		
Boroughs :											
Berwick	116	110	5	9	240	2	2	—	—	4	244
Blyth	266	293	25	17	606	1	2	—	—	3	609
Morpeth	86	86	6	10	188	—	1	—	—	1	189
Wallsend	376	354	32	36	798	4	1	2	—	7	805
Whitley Bay	228	220	11	20	479	—	1	—	—	1	480
Urban Districts :											
Alnwick	32	43	3	5	83	—	2	—	—	2	85
Amble	34	43	5	1	83	—	1	—	—	1	84
Ashington	246	235	18	11	510	3	2	—	—	5	515
Bedlingtonshire	173	166	18	6	363	3	3	—	—	6	369
Gosforth	170	167	11	7	355	1	2	—	—	3	358
Hexham	71	60	2	2	135	—	1	—	—	1	136
Longbenton	293	268	21	22	604	8	1	—	1	10	614
Newbiggin-by-the-Sea	80	71	3	2	156	2	1	—	—	3	159
Newburn	297	288	17	14	616	9	2	—	—	11	627
Prudhoe	61	71	1	4	137	1	—	—	—	1	138
Seaton Valley	326	341	19	9	695	5	6	—	—	11	706
Rural Districts :											
Alnwick	81	82	3	7	173	—	1	—	—	1	174
Belford	24	23	2	—	49	—	—	—	—	—	49
Bellingham	34	36	—	2	72	—	—	—	—	—	72
Castle Ward	195	159	11	12	377	3	2	1	—	6	383
Glendale	29	26	2	1	58	2	1	—	—	3	61
Haltwhistle	42	46	1	3	92	—	—	—	—	—	92
Hexham	153	161	7	10	331	—	3	—	—	3	334
Morpeth	99	117	7	5	228	—	—	—	—	—	228
Norham and Islandshires	22	16	1	1	40	1	—	—	—	1	41
Rothbury	34	23	1	2	60	1	—	—	—	1	61
TOTALS	3568	3510	232	218	7528	46	35	3	1	85	7613

TABLE 5

NEO NATAL DEATHS

Severe Prematurity	..	..	..	..	..	3
Prematurity	..	..	..	..	..	12
Respiratory distress and prematurity	..	..	..	..	..	16
Congenital heart and circulatory defects	..	..	..	..	..	7
Pneumonia bronchitis and other respiratory conditions	..	..	..	..	..	1
Congenital defects	..	..	..	..	..	13
Cerebral haemorrhage and other brain damage	..	..	..	..	..	12
Hyaline membrane disease	..	..	..	..	..	1
Asphyxia	..	..	..	..	..	3
Heart failure viral-myocarditis	..	..	..	..	..	1
Ruptured Encephalocele	..	..	..	..	..	1
Haemolytic disease	..	..	..	..	..	1
Lung hypoplasia and Potters Syndrome	..	..	..	..	..	1
						<hr/> 72 <hr/>

TABLE 6

INFANT DEATHS

COUNTY DISTRICTS.	Live Births	FIRST YEAR		FIRST MONTH		FIRST WEEK	
		Infant Deaths under 1 year	Infant Mortal- ity Rate per 1000 live Births	Infant Deaths under 4 weeks of age	Death Rate per 1000 live Births	Infant Deaths under 1 week of age	Death Rate per 1000 live Births
<i>Boroughs :</i>							
Berwick ..	240	1	4.17	1	4.17	1	4.17
Blyth ..	606	11	18.15	8	13.20	7	11.55
Morpeth ..	188	3	15.96	3	15.96	3	15.96
Wallsend ..	798	10	12.53	8	10.03	6	7.52
Whitley Bay ..	479	2	4.18	2	4.18	1	2.09
<i>Urban Districts :</i>							
Alnwick ..	83	1	12.05	1	12.05	1	12.05
Amble ..	83	1	12.05	—	—	—	—
Ashington ..	510	11	21.57	8	15.69	7	13.73
Bedlingtonshire	363	6	16.53	4	11.02	3	8.26
Gosforth ..	355	6	16.90	2	5.63	2	5.63
Hexham ..	135	4	29.63	2	14.81	2	14.81
Longbenton ..	604	7	11.59	4	6.62	3	4.97
Newbiggin-by- the-Sea ..	156	—	—	—	—	—	—
Newburn ..	616	5	8.12	5	8.12	5	8.12
Prudhoe ..	137	3	21.90	2	14.60	1	7.30
Seaton Valley ..	695	15	21.58	12	17.27	11	15.83
<i>Rural Districts :</i>							
Alnwick ..	173	—	—	—	—	—	—
Belford ..	49	1	20.41	—	—	—	—
Bellingham ..	72	2	27.78	1	13.89	1	13.89
Castle Ward ..	377	5	13.26	1	2.65	1	2.65
Glendale ..	58	—	—	—	—	—	—
Haltwhistle ..	92	3	32.61	3	32.61	2	21.74
Hexham ..	331	1	3.02	1	3.02	1	3.02
Morpeth ..	228	4	17.54	4	17.54	3	13.16
Norham and Islandshires	40	—	—	—	—	—	—
Rothbury ..	60	—	—	—	—	—	—
TOTALS ..	7528	102	13.55	72	9.56	61	8.10

TABLE 7

CLASSIFICATION OF DEATHS (YEAR 1971) ACCORDING TO DISEASE

	BOROUGH AND URBAN DISTRICTS			RURAL DISTRICTS			TOTAL COUNTY		
	M.	F.	Total	M.	F.	Total	M.	F.	Total
Bacillary Dysentery Amoebiasis	2	—	2	—	—	—	2	—	2
Enteritis and other Diarrhoeal Diseases	—	3	3	—	—	—	—	3	3
Tuberculosis of Respiratory System	4	3	7	2	—	2	6	3	9
Late effects of Respiratory T.B.	1	1	2	1	—	1	2	1	3
Other Tuberculosis	—	1	1	—	—	—	—	1	1
Meningococcal Infection	—	2	2	—	—	—	—	2	2
Measles	—	—	—	1	—	1	1	—	1
Syphilis and its Sequelae	—	1	1	—	—	—	—	1	1
Other Infective and Parasitic Diseases	2	3	5	—	1	1	2	4	6
Malignant Neoplasm—									
Buccal Cavity etc... .. .	10	3	13	1	1	2	11	4	15
Oesophagus... .. .	10	9	19	2	3	5	12	12	24
Stomach	80	49	129	26	12	38	106	61	167
Intestine	51	74	125	21	15	36	72	89	161
Larynx	6	1	7	1	—	1	7	1	8
Lung, Bronchus	250	50	300	47	10	57	297	60	357
Breast	—	87	87	—	22	22	—	109	109
Uterus	—	36	36	—	11	11	—	47	47
Prostate	30	—	30	5	—	5	35	—	35
Leukaemia	9	9	18	5	2	7	14	11	25
Other Malignant Neoplasms, etc.	99	112	211	36	40	76	135	152	287
Benign and Unspecified Neoplasms	—	5	5	1	2	3	1	7	8
Diabetes Mellitus	13	19	32	4	9	13	17	28	45
Avitaminoses, etc.	—	1	1	1	—	1	1	1	2
Other Endocrine etc. Diseases	6	7	13	2	2	4	8	9	17
Anaemias... .. .	5	8	13	1	4	5	6	12	18
Other Diseases of Blood, etc.	—	—	—	—	—	—	—	—	—
Mental Disorders	3	11	14	5	7	12	8	18	26
Meningitis	—	—	—	—	1	1	—	1	1
Multiple Sclerosis	2	1	3	1	3	4	3	4	7
Other Diseases of Nervous System, etc... .. .	30	17	47	11	11	22	41	28	69
Acute Rheumatic Fever	—	—	—	—	—	—	—	—	—
Chronic Rheumatic Heart Disease	10	30	40	13	13	26	23	43	66
Hypertensive Disease	20	33	53	7	6	13	27	29	66
Ischaemic Heart Disease	796	564	1360	255	211	466	1051	775	1826

Table 7.—Classification of Deaths Continued.

	BOROUGHs AND URBAN DISTRICTS			RURAL DISTRICTS			TOTAL COUNTY		
	M.	F.	Total	M.	F.	Total	M.	F.	Total
Other Forms of Heart Disease..	78	100	178	29	42	71	107	142	249
Cerebrovascular Disease ..	285	397	682	126	152	278	411	549	960
Other Diseases of Circulatory System	92	99	191	37	41	78	129	140	269
Influenza	1	2	3	—	1	1	1	3	4
Pneumonia	150	194	344	35	38	73	185	232	417
Bronchitis and Emphysema ..	183	56	239	47	9	56	230	65	295
Asthma	2	10	12	1	—	1	3	10	13
Other Diseases of Respiratory System	17	13	30	10	6	16	27	19	46
Peptic Ulcer	28	7	35	4	3	7	32	10	42
Appendicitis	3	—	3	2	2	4	5	2	7
Intestinal Obstruction and Hernia	10	8	18	1	2	3	11	10	21
Cirrhosis of Liver	9	6	15	2	1	3	11	7	18
Other Diseases of Digestive System	21	22	43	6	6	12	27	28	55
Nephritis and Nephrosis ..	7	2	9	4	5	9	11	7	18
Hyperplasia of Prostate ..	11	—	11	5	—	5	16	—	16
Other Diseases, Genito-Urinary System	8	18	26	6	5	11	14	23	37
Diseases of Skin, Subcutaneous Tissue	2	1	3	—	—	—	2	1	3
Diseases of Musculo-Skeletal System	8	7	15	—	1	1	8	8	16
Congenital Anomalies	12	9	21	3	—	3	15	9	24
Birth Injury, Difficult Labour, etc.	18	11	29	5	2	7	23	13	36
Other Causes of Perinatal Mortality	10	4	14	—	—	—	10	4	14
Symptoms and Ill-defined Con- ditions	11	13	24	2	5	7	13	18	31
Motor Vehicle Accidents ..	22	14	36	12	5	17	34	19	53
All other Accidents	50	67	117	20	15	35	70	82	152
Suicide and Self-Inflicted In- juries	16	7	23	5	2	7	21	9	30
All other External Causes ..	9	6	15	—	2	2	9	8	17
Totals	2502	2213	4715	811	731	1542	3313	2944	6257

TABLE 8

DEATH RATES AND DEATHS FROM CANCER
(excluding Leukaemia and Aleukaemia)

YEARS 1942 to 1971

Year	Population	Number of Deaths	Rate per 1,000 Population
1942	398,300	635	1.59
1943	397,740	686	1.72
1944	390,320	725	1.86
1945	392,510	725	1.84
1946	412,080	712	1.73
1947	417,510	740	1.77
1948	431,850	750	1.74
1949	436,370	796	1.82
1950	438,310	768	1.75
1951	437,600	797	1.82
1952	438,300	843	1.92
1953	440,600	836	1.89
1954	445,900	871	1.95
1955	453,000	870	1.92
1956	459,800	874	1.90
1957	463,900	866	1.87
1958	470,300	954	2.03
1959	475,000	904	1.90
1960	482,480	944	1.95
1961	480,530	929	1.93
1962	487,170	1014	2.08
1963	491,200	977	1.99
1964	494,440	1039	2.10
1965	498,430	1072	2.15
1966	501,380	1073	2.14
1967	504,200	1004	1.99
1968	504,690	1185	2.35
1969	510,300	1192	2.34
1970	512,600	1182	2.31
1971	505,720	1218	2.41

TABLE 9
TUBERCULOSIS
STATISTICS—YEARS 1942 to 1971.

YEAR	NOTIFICATIONS			DEATHS			DEATH RATE PER 1,000 POPULATION		
	Respiratory	Other Forms	All Forms	Respiratory	Other Forms	All Forms	Respiratory	Other Forms	All Forms
1942	298	116	414	156	36	192	0.39	0.09	0.48
1943	458	125	583	202	50	252	0.51	0.13	0.64
1944	506	134	640	195	43	238	0.50	0.11	0.61
1945	608	127	735	186	47	233	0.47	0.12	0.59
1946	454	116	570	200	42	242	0.49	0.10	0.59
1947	439	125	564	186	39	225	0.44	0.09	0.53
1948	442	137	579	187	32	219	0.43	0.07	0.50
1949	506	104	610	160	26	186	0.37	0.06	0.43
1950	519	116	635	124	26	150	0.28	0.06	0.34
1951	523	87	610	105	18	123	0.24	0.04	0.28
1952	519	91	610	77	15	92	0.17	0.04	0.21
1953	480	111	591	71	12	83	0.16	0.03	0.19
1954	556	101	657	66	7	73	0.15	0.01	0.16
1955	564	79	643	67	8	75	0.15	0.02	0.17
1956	399	68	467	50	5	55	0.11	0.01	0.12
1957	356	69	425	26	7	33	0.06	0.01	0.07
1958	340	57	397	28	4	32	0.06	0.01	0.07
1959	309	35	344	20	4	24	0.04	0.01	0.05
1960	330	37	367	25	1	26	0.05	0.002	0.05
1961	284	49	333	27	4	31	0.06	0.008	0.06
1962	246	34	280	23	3	26	0.05	0.006	0.06
1963	224	36	260	24	5	29	0.05	0.01	0.06
1964	181	21	202	16	3	19	0.03	0.006	0.04
1965	181	28	209	17	1	18	0.03	0.002	0.04
1966	131	20	151	13	2	15	0.02	0.001	0.03
1967	105	16	121	13	1	14	0.02	0.002	0.03
1968	84	24	108	6	5	11	0.01	0.01	0.02
1969	67	9	76	14	2	16	0.03	0.004	0.03
1970	88	15	103	16	—	16	0.03	—	0.03
1971	61	9	70	12	1	13	0.02	0.002	0.03

TABLE 10
NOTIFICATIONS AND MORTALITY AT SPECIFIED AGE PERIODS
DURING THE YEAR 1971.

AGE PERIODS				* NEW CASES						DEATHS					
				Respiratory			Non-Respiratory			Respiratory			Non-Respiratory		
				M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
0—	..	..	..	—	—	—	—	—	—	—	—	—	—	—	—
1—	..	..	..	—	—	—	—	—	—	—	—	—	—	—	—
5—	..	..	..	—	—	—	—	—	—	—	—	—	—	—	—
15—	..	..	..	16	8	24	2	1	3	1	1	2	—	—	—
45—	..	..	..	17	7	24	2	1	3	4	2	6	—	—	—
65 and upwards..	..	..	..	9	4	13	2	1	3	3	1	4	—	1	1
TOTALS	..	..	..	42	19	61	6	3	9	8	4	12	—	1	1

* Includes new cases coming to the knowledge of the County Medical Officer other than by formal notification.

TABLE 11.

CHIROPODY

SERVICE	Number of Patients Treated	NUMBER OF TREATMENTS												TOTAL	
		DOMICILIARY						CLINICS							
		Expectant Mothers	School Children	Elderly		Handicapped		Expectant Mothers	School Children	Elderly		Handicapped		Welfare Homes	
				M	F	M	F			M	F	M	F		
County Chiropodists	6808	1	2	2212	8244	386	878	7	5	2022	7823	128	224	—	21932
County Welfare Homes	892	—	—	—	—	—	—	—	—	—	—	—	—	4154	4154
Voluntary Services	4088	—	—	917	3494	—	—	—	—	2457	9349	—	—	—	16217
Totals : 1971	11788	1	2	3129	11738	386	878	7	5	4479	17172	128	224	4154	42303
Totals : 1970	11028	1	—	3371	11168	339	604	1	—	4406	16425	11	19	4046	40391

TABLE 12
Attendances at Ante-Natal Relaxation Clinics

CLINIC	ATTENDANCES		No. . of Half-day Sessions
	First Visits	Re-Visits	
Alnwick	37	204	43
Ashington	78	611	48
Guide Post	26	184	46
Bedlington	39	136	44
Blyth	149	616	46
Chapel House	47	275	48
Cramlington	66	361	49
Fordley	19	82	41
Forest Hall	41	234	47
Gosforth	76	460	47
† Haltwhistle	31	62	25
Hexham	78	332	43
Longbenton	40	191	47
† Lynemouth	1	9	7
Monkseaton	76	417	45
Morpeth	65	446	50
Newbiggin-by-the-Sea	24	156	46
Newbiggin Hall	26	153	49
Ponteland	42	256	48
†‡ Prudhoe (West Wylam)	53	190	36
Seaton Delaval	24	157	44
† South Broomhill	11	29	14
Shiremoor	44	174	46
Throckley	32	176	49
Tweedmouth	55	320	50
† Wallsend	97	239	38
† Widdrington	13	27	16
† Willington Quay	65	283	44
Whitley Bay	49	291	48
Woodlands Park	61	212	51
TOTAL	1,465	7,283	1,255

†‡ This clinic is held by Midwives and Health Visitors.

† These clinics are held by Health Visitors.

Remaining clinics are held by Physiotherapists.

TABLE 13.

Dental Services for Expectant and Nursing Mothers and Children under 5 years

PART A.—ATTENDANCES AND TREATMENT :

Number of Visits for Treatment During Year :

	Children 0—4 (incl.)	Expectant and Nursing Mothers
First Visit	1,238	327
Subsequent Visits	1,233	848
TOTAL VISITS	2,471	1,175
Number of Additional Courses of Treatment other than the First Course commen- ced during the year	203	33
Treatment provided during the year —		
Number of Fillings	1,510	705
Teeth Filled	1,375	599
Teeth Extracted	1,234	386
General Anaesthetics given	401	31
Emergency Visits by Patients	73	17
Patients X-Rayed	8	32
Patients Treated by Scaling and/or Removal of Stains from the teeth (Prophy- laxis)	496	278
Teeth Otherwise Conserved	279	—
Teeth Root Filled	—	2
Inlays	—	5
Crowns	—	6
Number of Courses of Treat- ment completed during the Year	1,384	322

PART B.—PROSTHETICS :

Patients Supplied with Full Upper or Full Lower (First Time)	—	56
Patients Supplied with Other Dentures	1	50
Number of Dentures Supplied	1	154

PART C. ANAESTHETICS :

General Anaesthetics Admin-
istered by Dental Officers Nil

PART D. INSPECTIONS :

	Children 0 — 4 (incl.)	Expectant and Nursing Mothers
Number of Patients given First Inspections During year	A. 2,205	D. 333
Number of Patients in A and D above who required Treatment ..	B. 1,306	E. 329
Number of Patients in B and E above who were offered Treatment	C. 1,293	F. 329
Number of Patients Re-inspected during year	147	21

PART E. SESSIONS

*Number of Dental Officer Sessions (i.e. Equivalent
Complete Half Days) Devoted to Maternity and
Child Welfare Patients :*

For Treatment 502
For Health Education 9

TABLE 14

VACCINATION AND IMMUNISATION

Completed Primary Courses — Number of persons aged under 16.

TYPE OF VACCINE	YEAR OF BIRTH					Others under age 16	Total 1971	Total 1970
	1971	1970	1969	1968	1964 -67			
Diph/Tet/W.Cough	263	4462	967	158	121	12	5983	5725
Diph/W.Cough ..	—	9	—	—	—	—	9	—
Diph/Tet. ..	2	25	22	5	192	20	266	404
Diphtheria only ..	—	—	—	—	5	—	5	9
Tetanus ..	3	3	—	5	14	1121	1146	389
Poliomyelitis ..	275	4451	1049	152	284	600	6811	6245
Measles ..	16	1940	1439	568	565	52	4580	4826
Rubella ..	—	—	—	—	—	3379	3379	2069

Reinforcing Doses :

TYPE OF VACCINE	YEAR OF BIRTH					Others under age 16	Total 1971	Total 1970
	1971	1970	1969	1968	1964 -67			
Diph/Tet/W.Cough	2	24	95	31	1076	38	1266	2140
Diph/W.Cough ..	—	—	—	—	28	1	29	—
Diph/Tet. ..	2	5	26	23	5287	299	5642	6003
Diphtheria only ..	—	—	—	—	10	4	14	31
Tetanus ..	1	1	3	7	82	1515	1609	2219
Poliomyelitis ..	4	34	126	47	6208	2847	9266	11034

TABLE 15—AMBULANCE SERVICE

SERVICE	TOTAL MILEAGE
Direct.. .. .	1,436,594
British Red Cross Society	225,399
St. John Ambulance Brigade	47,768
Agents (including 'Bus Operators)	122,185
TOTAL AMBULANCES	1,831,946
AMBULANCE CAR SERVICE	341,651
TOTAL SERVICE	2,173,597

TABLE 16—AMBULANCE SERVICE STATISTICS

STATIONS	VEHICLES	JOURNEYS	PATIENTS	MILEAGE
Alnwick	3	1,749	7,271	79,435
Ashington	6	5,985	24,722	149,482
Bedlington	5	3,873	17,105	107,287
Berwick	3	1,750	7,215	80,001
Blyth	4	3,811	16,115	99,121
Broomhill	3	1,666	8,803	87,513
Morpeth	4	2,656	13,854	89,964
Prudhoe	1	570	4,770	24,495
Seaton Delaval	4	3,297	12,904	102,702
Throckley	6	6,025	32,656	182,041
Wallsend	4	5,598	21,595	101,249
Whitley Bay	4	4,354	23,329	115,383
Wideopen	7	8,145	38,206	217,925
<i>Agency Services :</i>				
Smith's Rothbury	2	1,145	3,996	67,923
British Red Cross Society	9	4,508	21,497	225,399
St. John Ambulance Brigade	2	1,119	5,951	47,768
Private 'Bus Operators	2	1,008	7,292	54,262
	69	57,259	267,281	1,831,946
Car Operators	55	7,167	30,566	341,651

DETAILS OF PERSONS CARRIED.

Year	Accident and Emergency Stretcher Cases	Accident and Emergency Other Cases	Treatment (including Maternity Cases)	Others	Total Patients Carried	Relatives Carried	Total No. of Persons Carried
1966	6,000	5,264	199,397	7,938	218,599	57,776	276,375
1967	6,022	5,678	206,121	8,833	226,654	57,137	283,791
1968	6,361	5,610	215,130	9,169	236,270	56,653	292,923
1969	6,441	5,867	222,163	10,160	244,631	58,021	302,652
1970	6,307	5,560	215,039	11,271	238,627	50,534	289,161 *
1971	6,826	5,534	241,218	13,703	267,281	52,358	319,639

* Not comparable with previous years.

TABLE 17
HOUSING

COUNTY DISTRICTS	NEW HOUSES COMPLETED DURING 1971				TOTAL 1970
	Local Authority	Other Housing Authority	Private	Total	
<i>Municipal Boroughs—</i>					
Berwick	137	—	12	149	13
Blyth	124	—	420	544	579
Morpeth	—	—	86	86	74
Wallsend	210	23	20	253	220
Whitley Bay	60	8	—	68	22
<i>Urban Districts—</i>					
Alnwick	34	—	4	38	6
Amble	88	—	3	91	4
Ashington	—	—	—	—	1
Bedlingtonshire	—	—	19	19	76
Gosforth	—	—	87	87	273
Hexham	—	—	4	4	6
Longbenton	372	—	219	591	534
Newbiggin-by-the-Sea	—	—	73	73	196
Newburn	62	—	301	363	704
Prudhoe	—	55	37	92	157
Seaton Valley	93	257	495	845	463
Boroughs and Urban Districts Total	1,180	343	1,780	3,303	3,328
<i>Rural Districts—</i>					
Alnwick	—	—	11	11	13
Belford	2	—	31	33	66
Bellingham	29	—	8	37	3
Castle Ward	32	2	163	197	165
Glendale	—	—	3	3	7
Haltwhistle	—	—	2	2	7
Hexham	101	—	55	156	162
Morpeth	116	—	66	182	121
Norham and Islandshires	—	—	7	7	12
Rothbury	—	—	6	6	11
Rural Districts Total	280	2	352	634	567
TOTALS	1,460	345	2,132	3,937	3,895

TABLE 18
SLUM CLEARANCE

COUNTY DISTRICTS	Formal Action		Discon- tinued Inform- ally	Deduct Houses in Col. 1 prev. reported as "Closed "	TOTAL Dis- CONTINUED
	Demol- ished	Closed not Demolished			
<i>Boroughs—</i>					
Berwick	40	1	3	—	44
Blyth	35	11	—	—	46
Morpeth	4	—	—	—	4
Wallsend	43	1	3	—	47
Whitley Bay ..	—	1	—	—	1
<i>Urban Districts—</i>					
Alnwick	30	4	—	—	34
Amble	4	4	—	—	8
Ashington	1	—	—	—	1
Bedlingtonshire ..	66	12	16	21	73
Gosforth	—	—	—	—	—
Hexham	—	1	—	—	1
Longbenton	190	—	—	—	190
Newbiggin-by- the-Sea	122	3	4	—	129
Newburn	171	31	18	—	184
Prudhoe	—	—	—	—	—
Seaton Valley ..	153	15	—	107	61
Boroughs and Urban Districts Total ..	859	84	26	146	823
<i>Rural Districts—</i>					
Alnwick	61	—	—	—	61
Belford	—	—	1	—	1
Bellingham	—	—	—	—	—
Castle Ward	—	—	—	—	—
Glendale	—	—	—	—	—
Haltwhistle	—	—	—	—	—
Hexham	4	5	—	—	9
Morpeth	182	20	1	—	203
Norham and Islandshires	—	—	3	—	3
Rothbury	2	—	—	—	2
Rural Districts Total	249	25	5	—	279
TOTALS	1,108	109	31	146	1,102

TABLE 19.
IMPROVEMENT GRANTS

COUNTY DISTRICTS	DISCRETIONARY GRANTS				Standard Grants Made During Year	Council Houses Improved During Year
	Applications Sub- mitted		Works Comple- ted			
	In G.I.A.'s	Others	In G.I.A.'s	Others		
<i>Municipal Boroughs</i>						
Berwick	21	37	17	29	2	24
Blyth	—	66	—	37	19	—
Morpeth	—	46	—	44	6	—
Wallsend	7	282	5	68	24	27
Whitley Bay ..	—	141	—	17	12	—
<i>Urban Districts</i>						
Alnwick	—	11	—	3	4	2
Amble	—	18	—	14	2	—
Ashington	—	—	—	145	23	21
Bedlingtonshire ..	—	150	—	84	5	106
Gosforth	—	79	—	10	22	10
Hexham	—	69	—	33	1	48
Longbenton	—	119	—	62	17	63
Newbiggin	—	99	—	37	165	2
Newburn	—	12	—	11	46	—
Prudhoe	—	56	—	32	14	42
Seaton Valley ..	50	84	11	40	5	499
Boroughs and Urban Districts Total ..	78	1269	33	666	367	844
<i>Rural Districts</i>						
Alnwick	—	70	—	45	21	36
Belford	—	31	—	22	2	39
Bellingham	—	19	—	12	6	4
Castle Ward	—	24	—	18	11	35
Glendale	—	24	—	5	5	5
Haltwhistle	—	52	—	37	2	—
Hexham	—	111	—	81	22	54
Morpeth	—	35	—	21	10	—
Norham and Islandshires ..	—	19	—	19	1	1
Rothbury	—	13	—	8	9	—
Rural Districts Total ..	—	398	—	268	89	174
TOTALS ..	78	1667	33	934	456	1018

STANDARD GRANTS
NUMBER OF HOUSES PROVIDED WITH

	Bath or Shower	Washhand Basin	Hot Water Supply	W.C.	Sink
1971	237	253	270	403	122
Total to Date ..	2,305	2,483	2,467	3,037	743

